



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Charnwood Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	19 August 2022
Centre ID:	OSV-0003073
Fieldwork ID:	MON-0028710

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Charnwood Park – Community Residential Services is a community-based home providing full-time support for three adult residents with mild to moderate intellectual disabilities. The centre is located in a residential area of Co. Dublin within walking distance of shops, cafés, restaurants, churches, parks and a shopping centre. The centre comprises a two-storey house with a front driveway and a private rear garden. There are three single-occupancy bedrooms located upstairs. A staff office/sleepover room is also located upstairs. There is a main bathroom and one bathroom en suite upstairs, and one downstairs toilet. There is also a kitchen and dining area, utility, and two sitting rooms. The staff team is comprised of a person in charge (social care leader) and social care workers. Residents are supported by one sleepover staff, and additional staffing is put in place in line with residents' needs. A nurse manager on call is available to provide nursing support, if required. A service vehicle, shared with another designated centre, is available to facilitate residents' participation in community activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 19 August 2022	09:40hrs to 15:50hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to inform a registration renewal decision for this designated centre. The inspector of social services had the opportunity to meet with all three residents that lived in the centre at various times throughout the inspection day. One resident was enjoying a lie-in when the inspector arrived, one was sitting at the kitchen table having breakfast, and another had already left for their day programme. All residents in the centre attended work programmes several days a week with days off to enjoy as they wished. On meeting with residents and staff, it was clear that warm and respectful relationships had been developed between the residents themselves and also with staff. Residents appeared at ease in the centre and in each others company.

One resident told the inspector that they were happy with the location of their home as they could easily access public transport to engage in their local community and meet friends independently. Another resident enjoyed walking, and the location of their home promoted their independence in accessing their local community, their workplace and local amenities. The inspector found that the residents were well known in their community.

The inspector completed a walk-through of the house and they noted a number of premises improvements had been completed since the last inspection in October 2021. New windows had been installed replacing older windows that were prone to condensation and heat loss within the house. The drive way had been widened for residents to safely access their house without having to walk on grass which presented as a slip hazard especially in wet conditions. The communal rooms were tastefully decorated with new, modern furniture and the centre was in very good structural repair. Residents chose the furnishings for the communal rooms in the centre. They also chose their own furniture and furnishings for their bedrooms. All three residents gave the inspector a tour of their bedrooms and proudly showed the inspector items of interest including pictures of family members, wedding invitations, smart watches and handmade personal items.

The communal areas of the centre were also personalised with the residents' own photographs and handiwork. For example, individual framed pictures of jigsaws, crochet, and residents' names spelt out in tile letters aligned the hallway. Residents also contributed to the centre's mission statement by embroidering the message displayed by the front door. In addition, handpainted stones dotted the garden with positive messages created during the pandemic lockdown.

A change in use of the bedroom on the ground floor had occurred since the last inspection allowing residents to have a second small sitting room, where they could receive visitors in private. The person in charge pointed out that additional work had been identified to improve egress from this room through the double doors leading into the back garden. However, plans had been devised to address this, as well as install additional handrails at the front door for access purposes. The inspector

viewed occupational therapy assessments and quotations as part of this planned premises improvement.

Residents reported to the inspector that they were happy in their home and that they felt safe there. Residents said that they liked the staff working in their home. They reported that they would be comfortable raising any issues with staff. One resident named the person in charge and a senior manager as the people they would contact with a complaint. Residents talked about the activities that they enjoyed. They discussed upcoming plans for family occasions and holidays. One resident spoke about a group they were involved in organised by the provider called the 'Happy Days Club' for those over 58, and the next meet up involved going for afternoon tea.

Staff were observed interacting with residents in a friendly and caring manner. Staff offered choices to residents in relation to their food and activities. They were knowledgeable of residents' interests and preferences. Residents were comfortable chatting with staff and telling them about their day. During the inspection, a staff member received a phone call to organise an appointment with a resident. They were observed to consult with the resident regarding who the appointment was with and at what time would best suit the resident.

Residents in this centre were active participants in the running of the centre. Resident meetings were held weekly. Residents chose the weekly menu and were supported to buy groceries. Staff reported that residents enjoyed some household chores, like cooking, cleaning, gardening and laundry. The inspector found that all residents were involved in their own personal plan development and review. One resident gave the inspector a PowerPoint presentation of their goals they would like to complete, one of which was to create a life story with pictures. The resident informed the inspector that they had developed their presentation in advance of meeting with family and staff the previous month to discuss their goals and that it had been a huge success.

As this was an announced inspection, resident questionnaires were sent by the Health Information and Quality Authority (HIQA) to the provider in advance of the inspection. All three residents filled in their own responses to the questions, and the findings were similar to those expressed to the inspector during the inspection. All residents were highly complimentary of the service they received, with one resident saying it was their home and that they would not like to live anywhere else.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed documentation. Documents reviewed included the most recent annual review and the report written following an unannounced visit to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at the records of incidents and complaints and a sample of residents' individual files. These files included residents' personal development plans, healthcare and other support plans.

Overall this was a very positive inspection that found very good levels of care and

support being provided to residents. Residents presented as happy in their home and spoke positively with the inspector about their home, their daily lives and the staff that supported them. The inspector found that the provider had systems in place to oversee the quality of service delivered in the centre. However, there was a delay in completing the annual review of the quality and safety of the centre and this could negatively impact on the quality and safety of the service delivered to residents.

Capacity and capability

The inspector identified there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. The provider had ensured actions from the previous inspection had been addressed. Since 2016, issues have been identified by both the provider and the inspectorate regarding the limited communal space in the premises, which could not fully meet the collective needs of residents. A compliance plan submitted by the provider in 2016 gave assurances to the Chief Inspector of Social Services that the admission of residents would be reviewed should a resident be discharged. Following a transfer of one resident, the provider submitted an application to vary in order to reduce resident numbers in December 2021.

A clearly defined management structure in the centre identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge, who in turn reported to the person participating in management, who reported to the service manager. The person in charge had the necessary skills and qualifications and was very knowledgeable about the residents and the day-to-day management of the centre. They demonstrated a positive relationship with each of the residents and clearly considered them in every aspect of the running of the centre.

The registered provider had ensured that the centre was appropriately resourced and there was effective delivery of care and support as outlined in the statement of purpose. The management structure was clearly defined and there were developed and effective management systems implemented. There was an unannounced visit carried out on behalf of the provider on a six-monthly basis which was used to inform a report on quality and safety. As required by the regulations, the provider had in place arrangements to produce an annual review of the care and support delivered in the centre. At the time of the inspection, the 2021 report was in draft format. Although it clearly identified good areas of practice and succinctly highlighted where improvements could be made, the reporting process required review. The report had not been fully completed for the previous year, and where gaps had been identified as part of the review assessment, these could have been rectified earlier if the report had been completed earlier in the year.

The inspector found residents were supported in their home by a consistent staff

team. Staff spoken with were aware of the needs of residents, and it was evident that they provided person-centred care to each resident. All staff members reported to the person in charge, who was competent and suitably qualified to carry out the role. The person in charge worked full time, and their remit was over this designated centre. They were very familiar with the residents' assessed needs, and it was evident during the inspection that they had regular contact with all the residents. This person was accessible to residents and the staff team in the event that an issue arose.

Staff meetings were held regularly in the centre, and records indicated that a variety of topics were addressed. These included feedback from residents' meetings so matters could be actioned or escalated where required. The person in charge also discussed learning from recently attended online training in human rights delivered by HIQA, developments in assistive decision-making capacity laws and restrictive practices. These meetings and scheduled one-to-one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations.

The inspector reviewed a sample of incident, accident and near-miss records maintained in the centre and found, for the most part, the person in charge had completed required notification of incidents to the Chief Inspector as per the regulations. Where delays occurred in submitting notifications this appeared to happen when the person in charge was on leave and the inspector brought this feedback to senior management for review of the systems in place to ensure effective reporting in absence of the person in charge.

Staffing in the centre was adequate to meet the assessed needs of residents. There was flexibility in the rostering system that allowed additional staff to be on duty to support residents when they did not attend their day services. Staff training records were reviewed and indicated that all staff team members had completed the training identified as mandatory in the regulations. There was also evidence of additional training being completed by the staff team, including an online course in human rights. An issue identified on the previous inspection whereby the person in charge did not have oversight of relief staff members' training records had been rectified.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements and included all the information as set out in the schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had worked in the organisation for a number of years, and as a result, they knew the residents and members of the staff team very well. Residents were observed to be familiar with the person in charge, and they were clearly comfortable in their presence. It was evident that they maintained a high level of oversight in the centre, which had a positive impact on the quality of care and support provided to residents in their home.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff were adequate to meet the assessed needs of residents. There was flexibility in the rostering of staff to ensure that the needs of residents could be met effectively. Staff were familiar to the residents. There was a planned and actual staff rota available for review on the day of inspection.

Staff spoken with were observed providing person-centred care to residents, promoting their independence and providing appropriate levels of support when required. Staff working in the centre were predominantly lone-workers; therefore, a consistent staff team was important. The staff roster evidenced that this was consistently provided to residents in their home.

Issues identified on the previous inspection whereby a large number of staff were working in the centre as relief / agency staff had significantly reduced.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members participated in a wide variety of training to support them in their roles. This included mandatory training in fire safety, epilepsy, medicines management and safeguarding vulnerable adults.

In response to the COVID-19 pandemic, staff members had also completed training in hand hygiene, infection prevention and control and the use of personal protective equipment. This ensured that staff members could support residents safely throughout the pandemic.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings to govern the centre ensuring the provision of good quality care and safe service to residents. There was a clearly-defined management structure in place. The provider had resourced the centre to ensure the delivery of care and support in line with the statement of purpose.

The provider had ensured six-monthly provider led audits for the centre had been completed in line with the regulations and were available for review during the course of the inspection. These were noted to be of a good standard and comprehensive in scope with provision of an action plan for the person in charge to address.

The annual review although completed to a high quality and was designated centre specific there was a delay in its completion and the review did not full align to the national standards.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose outlining the care and support to be provided to residents was available in the designated centre. This contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

While the person in charge had ensured that the Chief Inspector was notified in writing of all adverse events, not all three day notifications had been submitted within the regulatory time frame in the absence of the person in charge.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. There were no open complaints at the time of this inspection. Residents were aware of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them as evident by the two complaints made since the previous inspection. All complaints had been reviewed and responded to in a timely manner and the satisfaction of the complainant had also been documented. Improvements identified during the annual review process had been completed by the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that the residents received a good quality of care and support in their home. It was evident that staff members had a good level of knowledge of the measures required to support residents to meet their needs and to manage risk in the centre. Supports were observed being provided by staff members in a kind and respectful manner. Overall, the designated centre demonstrated high level of compliance with the regulations. This had a positive impact on the quality of care and support that residents received in their home. The inspector found that the quality and safety of care provided was maintained to a good standard. The inspector's observations, interactions and review of documentation indicated that residents' rights were promoted in the centre, and they received a person-centred service that supported them to be involved in activities they enjoyed. It was evident that residents' participation in the running of the centre and community involvement were encouraged. Improvements were noted in the documentation of personal plans as already self-identified by the provider.

The inspector reviewed the fire safety arrangement and found all rooms were fitted with fire doors throughout the centre. A review of fire safety records in the centre found that the fire detection and alarm system was routinely inspected by an external fire company. Fire drills were completed at different times and under varying conditions. There was evidence that learning from fire drills was recorded and addressed in the centre. Fire safety was discussed at resident meetings. Residents had individual evacuation plans with information for staff on how to support residents evacuate the centre in the event of a fire.

Advocacy meetings and resident meetings were held on a regular basis. Reviewing these meeting minutes revealed how staff informed residents of any impending activities, changes, or centre news. These gatherings served as a forum for residents to discuss their rights, plan events and meals, and engage in other daily activities. There was a strong focus on promoting the rights of residents, with one resident being a member of the provider's advocacy group. The resident spoke to the inspector about how they brought feedback from the group to the weekly house

meetings and discussed items that residents would like raised.

Residents' individual assessments and personal plans were reviewed. Residents were supported to develop goals in relation to their personal and social needs. The residents' preferences and dislikes were communicated to their keyworkers. From this, long-term goals were developed with the resident, and there was evidence that these goals were reviewed and progressed as discussed by residents. An individual assessment was also completed with residents on a yearly basis. The assessment identified the residents' needs and gave an overview of the necessary care plans to support residents with those needs. The provider's annual review completed on 29 July 2022 identified that improvements were required to the care plans and person-centred plans in the centre to ensure information was current and reflects the resident's individual needs and supports. For example, it was unclear regarding the residents' independence both in the community, being at home alone and managing finances. It was also reported that residents were supported to achieve many of their goals; however, documentation around progress tracking was lacking. Due to the delay in the annual report, actions had only been identified in this area and therefore remained outstanding at the time of the inspection but did not present as a high risk.

Appropriate healthcare was provided to residents in line with their assessed needs. There was evidence of regular appointments with medical practitioners, including specialist consultants, as required. Other allied health professionals were also involved in residents' supports. For example, following a recent concern of changing needs of one resident, a number of medical and psychological investigations had taken place.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks related to COVID-19, with contingency plans in place for staffing and isolation of residents if required. In addition, the provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in the procedure relating to this. The residents also spoke of how they managed to support each other during a recent outbreak of COVID-19 in their home. None reported that they were very unwell during that period and all had made full recoveries.

Contact with friends and family was important to the residents in the centre, and this was supported by the staff team. Relatives were welcome in the centre, and staff also supported residents in visiting their family homes. It was evident that the staff team had put a lot of effort into maintaining and further developing residents' relationships during the COVID-19 pandemic.

Regulation 11: Visits

Residents had access to a private space in the centre, separate to their bedrooms, to facilitate visitation from friends and family, when COVID-19 restrictions allowed

this.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation. This included retirement plans and attending day services on a reduced schedule as per individual wishes.

Residents spoken with enjoyed going to work and day services. Where residents could access their community independently, they were facilitated to do this. Residents were supported to engage in a variety of activities, including going for beauty treatments, cookery classes and a flower arranging course. Some residents had plans to go on an overnight break to a hotel, and others were looking forward to attending parties and weddings that they had been invited to.

Judgment: Compliant

Regulation 17: Premises

There was adequate storage for residents' possessions. The centre was in good structural and decorative repair and suited to meet the needs of the residents. The provider had addressed all premises issues identified on the previous inspection with further plans to improve accessibility in and out of the centre in line with residents' needs. Residents had additional communal space to allow them to spend time together or alone, as they so wished.

The residents' home had been decorated to make them homely, with pictures of residents and their families and friends on display throughout the house. Each resident had their own private bedroom, which had been decorated to reflect their individual likes and interests.

Judgment: Compliant

Regulation 26: Risk management procedures

The designated centre had a centre-specific risk register and individualised risk assessments for residents. There were no high-rated risks to residents' safety identified in the designated centre. However, where there were risks, these were subject to a formal risk assessment. This ensured clear control measures were in

place to reduce the risk.

A risk management policy had been developed. This policy included the information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had created contingency and isolation plans for the centre. The person in charge had completed a COVID-19 outbreak preparedness assessment to ensure a continual assessment of the plans in place. The provider had assessed regulation 27: Protection against infection on each of their six-monthly unannounced visits to the centre. There was evidence of public health infection control guidelines implemented in the centre.

Adequate supplies of PPE were made available to staff, and residents spoken with were knowledgeable on infection control public health guidelines and were supported to implement good infection prevention practices.

A post-outbreak review had taken place in the designated centre following a recent outbreak of COVID-19 with learning gained from the outbreak that would better help support residents in any further outbreaks.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems in place in this designated centre included a fire alarm, emergency lighting and fire fighting equipment. Training records reviewed indicated that all staff had received fire safety training.

Staff members and residents had completed fire drills which to ensure all residents could be evacuated safely in the event of an emergency. Drills carried out also included times when residents were at home alone in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care

needs on an annual basis. In addition, residents had access to a multi-disciplinary team of professionals in allied health and social care in line with their assessed needs. It was evident that the designated centre was suitable to meet the needs of residents. Person-centred care and support was provided to residents, and residents communicated their satisfaction with the support they received in their home.

The provider and person in charge had self-identified that improvements could be made to the personal planning process to address gaps in documentation and there was evidence that this process had commenced.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to their general practitioner (G.P) when required. Nursing supports were also provided by nursing staff working in the organisation. Records of health appointments attended to by residents were documented in their personal files.

When residents had an identified healthcare need, these were supported by a plan of care. It was noted that residents were also supported to be involved in national screening programmes relevant to them, including bowel screening.

Judgment: Compliant

Regulation 8: Protection

Measures had been put in place to protect residents from abuse. This included the provision of intimate care plans for each resident. In addition, all staff members had received training in safeguarding vulnerable adults. There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation. There were no open safeguarding issues or concerns in the designated centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the designated centre to be a pleasant home where residents were supported to be independent and included as active participants in the running

of the centre. Residents were encouraged and supported around active decision making and social inclusion. The inspector observed that residents rights were upheld in this centre.

Throughout the inspection, the inspector observed respectful and positive interactions between staff members and residents. Residents were clearly involved and consulted into the running of their home, their care and support and decisions relating to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Charnwood Park - Community Residential Service OSV-0003073

Inspection ID: MON-0028710

Date of inspection: 19/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider is committed to addressing the areas for improvement identified in the Annual Report and the Nominee Provider Report completed in 2022.</p> <p>The Provider has increased oversight within the designated centre which results in increased visits to the area by the PPIM and Service Manager.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Provider has put a system in place to give assurance that all notifiable incidents are reported within the outlined time frames. In the absence of the Person in Charge these notifications will be completed by the Person Participating in Management.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

The provider is reviewing audit systems within the centre to ensure the plans of care are reflective of the current needs of the individuals residing in the designated centre. Goals identified are in line with the wishes and preferences of individuals. The plans of care are reviewed during monthly meetings between the PIC and PPIM as an assurance to monitor progress.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	28/07/2022
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	14/10/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	31/10/2022

	designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
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