Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Court - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	16 January 2025
Centre ID:	OSV-0003085
Fieldwork ID:	MON-0037343

About the designated centre

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

Pinewood Court is a community service providing residential care for seven individuals with an intellectual disability across two locations. The two houses of the centre are located in a suburban area of North West Dublin and are situated next door to each other. They are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Both premises are semi-detached and comprise of four bedrooms in each. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. All residents have their own bedrooms in each house and two of the residents have en-suite bathrooms. The staff team consists of a person in charge, social care workers and healthcare assistants. They provide a variety of supports for residents through a staff duty roster which includes sleepover and day support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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
Thursday 16 January 2025	10:30hrs to 18:20hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

From the inspector's observations, discussions with residents and staff, and a review of documentation, it was evident that the centre actively promoted residents' independence and supported them in leading lives of their choosing. Residents were encouraged to make their own decisions and engage in meaningful activities that aligned with their personal interests and abilities. However, the inspection identified several areas of non-compliance that required attention. Changes within the centre including governance structures, staffing arrangements, safeguarding measures and the management of behaviours of concern, had impacted service delivery.

The residents living in the centre were at various life stages, from retirement to participation in day work programmes and paid employment. All residents were actively involved in their community. Residents took part in local community activities and accessed community facilities such as the local church, community centre, and library. Six residents attended day services. One resident was semi-retired, attending their placement three days a week, while another was fully retired. One resident travelled independently on Dublin Bus and another participated in a local choir. Additionally, one resident worked three days a week in a large grocery store.

On days when residents did not attend day services, they were encouraged to plan activities or outings of their choice. Staff at the centre supported residents in their choices, these included going for meals, visiting the cinema, taking walks, and attending local community groups. Residents also enjoyed ordering takeaways, walking in the local area, and participating in virtual dance classes via Zoom. Staff demonstrated a strong commitment to promoting resident independence and participation both within the centre and in the broader community.

This centre consists of two adjacent houses that are internally connected by a door, allowing residents and staff to move between the two spaces. While this design facilitated ease of access and operational efficiency, concerns had been raised by some residents regarding its use. Some residents reported feeling uncomfortable with others entering their living space uninvited, indicating a need to review the management of this arrangement. Despite residents' concerns, the current staffing model within the centre necessitated the use of the internal door to ensure adequate supervision and support across both houses. Staff were required to move between the two homes to meet residents' needs, making the door a functional necessity. However, balancing operational requirements with residents' preferences and comfort was an area requiring further consideration.

One resident had transitioned into the centre since the previous inspection. Although the inspector did not meet with this resident during the visit, it was reported that they had settled well and had participated in a holiday abroad with their peers over the summer. The provider had identified areas for improvement in the transition process through a retrospective review. This review highlighted the need for formal

follow-up assessments to capture the resident's experience and address any difficulties that may have arisen during the transition process.

Residents shared positive experiences about their social and recreational activities. One resident described a recent trip to Fatima with another resident, expressing a strong desire to return. Another resident had been on multiple trips, including an overnight stay in Wexford and a holiday to Portugal with three other residents. Additionally, one resident had travelled to Disneyland in Paris during the summer. These trips were fully supported by staff, ensuring that residents could participate in new experiences while receiving the necessary assistance.

While many residents appeared at ease during the inspection, one resident experienced periods of distress due to anxiety over an upcoming event. This created some unease among others in the environment. By the end of the inspection, this resident's presentation had escalated into heightened anxiety, affecting several residents. Although a staff member responded immediately and assisted the resident in leaving the area to de-escalate the situation, the lone staffing arrangement in the house meant that the remaining residents were left unaccompanied. These residents had been assessed as capable of being left alone in accordance with their individual care plans. The residents were observed comforting each other until the person in charge entered the house. They spoke with residents about what had happened. From discussions with staff and management, the inspector was informed that the observed changes in dynamics within the house were a recent development. The person in charge had recently engaged with the social work department to review safeguarding plans in response to these changes.

As part of the Health Information and Quality Authority (HIQA) questionnaire sent to residents in advance of the inspection, residents were asked about their experiences of living in the centre. Three residents expressed concerns regarding their living arrangements with peers. One resident stated that they only got along with one other peer and were unhappy living with the others. Additionally, two other residents indicated that their living situation could be improved in terms of compatibility with their housemates. These responses along with the above incident highlight potential issues with resident compatibility, impacting overall satisfaction within the centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Generally, management systems required improvement to ensure that the service provided to residents was safe and monitored for effectiveness under training, staffing, admissions and governance. For example, staffing challenges existed due

to a heavy reliance on agency and relief staff, which affected the continuity of care.

This was an announced inspection, with notice given on 12 December 2025. The purpose of the inspection was to assess the renewal of the centre's registration, which was currently valid until June 2025. On the same day, the provider notified the Chief Inspector of Social Services that the person in charge had left their position and a new person in charge had commenced on that date.

The inspector found that several areas for improvement had been identified by the provider, which were attributed to gaps in governance within the centre in 2024. A number of actions arose from a six-month unannounced audit in September 2024 and an annual review in October 2024. While the current person in charge commenced their role on 12 December 2024, they also had responsibility for another centre and had only fully begun operational oversight of this centre in January 2025. The inspector found that they focused on addressing outstanding and repeated actions.

A heavy reliance on temporary staff presented challenges in maintaining oversight of the training requirements required to work in the centre. The person in charge acknowledged these challenges and outlined some efforts to address them, including securing additional relief staff hours to enhance stability within the team. However, it remained unclear whether these measures would be sufficient to fully address the identified gaps in staffing and ensure that residents' evolving needs were consistently met. Training gaps among non-permanent staff, particularly in essential areas such as rescue medicine and medicine administration, further impacted the delivery of safe and effective care.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had identified the need for improvements in staffing, particularly in ensuring consistency and familiarity for residents. The total whole-time equivalent (WTE) staffing level in the centre was 5.79. The centre staffing structure primarily consisted of one sleepover shift that was based in one house but also held responsibility for residents in the adjacent house. Additionally, there was one long day shift that extended until 9 p.m. The person in charge had 19.5 supernumerary hours allocated to the centre, which was to allow for oversight and management tasks. Due to vacancies and leave there was an requirement to cover shifts with non-permanent staff.

Vacancies impacted the centre's ability to provide a stable and familiar staff team for residents. One of these vacancies was due to a staff member being on long-term sick leave. This role was being covered by a full-time relief staff member, which provided some stability but did not fully address the gaps in the rosters.

A review of seven weeks of rosters showed that in recent months, there had been a high reliance on both agency and relief staff. This was a notable issue as residents had expressed dissatisfaction with the frequent changes in staff, which affected their sense of stability and comfort. Over the reviewed period, 20 agency staff were used, and in some cases, shifts were covered entirely by agency staff, with one agency worker handing over to another at the end of their shift. This lack of consistency in staffing not only impacted residents' overall well-being but also raised concerns regarding continuity of care, familiarity with residents' needs, and adherence to individual care plans.

The person in charge confirmed that they had just secured a new relief staff member for 19.5 hours per week to work solely in this centre. This was intended to provide further stability and reduce reliance on agency and temporary relief staff. Throughout the inspection, staff were observed engaging in warm, respectful interactions with residents. The staff team was familiar with each resident's needs and preferences, demonstrating a commitment to empowering residents' independence while providing necessary support.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The heavy reliance on agency and relief staff in this centre raised significant risks regarding the oversight and maintenance of training records. The inspector requested the training records for all non-permanent staff over a six-month period

and received a total of 86 records. However, cross-referencing revealed that a sample of five staff members on the roster were not included in these reports. In addition, only four of the 86 staff had completed the mandatory training in rescue medicine for seizure emergencies, and just 11 had received training in administering medicine.

Although permanent staff were responsible for administering medicine, there were occasions when agency staff were working alone. Significantly, protocol required that non-trained staff contact the nurse on call for the administration of medicines, a process that is inadequate in seizure emergencies, where medicine must be administered within two minutes.

Judgment: Not compliant

Regulation 23: Governance and management

There had been recent changes to the local management team, including the appointment of a new person in charge. As they had only recently taken up the role, they were still in the process of becoming familiar with the residents, their needs, and the day-to-day operation of the centre. They were supported in their role by both the staff team and a Person Participating in Management (PPIM).

Six-month unannounced audits, required by the Regulation, were conducted over two days by two nurse managers. However, improvements were needed regarding the scheduling of these audits. For instance, one audit was split between one day in February and another in March, while the most recent audit was divided between 16 September and 18 October. The purpose of staggering the dates was unclear and caused difficulty in demonstrating that the regulatory timelines were being adhered to.

Despite these scheduling issues, the overall quality of the six-month audits was good. Actions identified during previous visits were reviewed, and following each audit, a report was generated with a list of actions. These reports identified improvements needed in several areas, including:

- Recording and following up on actions from staff meetings, training sessions, and complaints processes
- Updating risk assessments to ensure that all current risks are clearly identified along with corresponding control measures
- Carrying out night time fire drills

The annual review of the centre, conducted on 23 October 2024, provided a clear overview of the centre's performance over the previous year, including both achievements and challenges. This review echoed many of the findings from the six-month audits but also noted, for example, that some residents were unhappy with the use of the internal door. However, this issue had not been formally recorded as

a complaint. The review also found that the transition process, as determined by provider policy, had not been fully followed.

While the audits identified several areas for improvement over a number of months, some actions remained outstanding at the time of the inspection. The inspector acknowledges that newly appointed management required time to settle into their roles. Some actions had been responded to since the commencement of the new person in charge. For example, it was identified that team meetings lacked clear action points and assigned responsibilities. The inspector reviewed a team meeting held on 09 January 2025 and found that it was well-structured, with detailed minutes to ensure clarity for those unable to attend.

The inspector met with the service manager and the person participating in management (PPIM) during the inspection feedback session. During this meeting, the inspector was provided with an update on the centre's oversight and ongoing efforts to address areas of non-compliance. The management team outlined their plans to bring the centre back into compliance, focusing on the pre-identified areas where regulatory adherence had not been met.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

One resident transitioned into the centre in November 2023 following a long-planned process. The new resident was already known to several existing residents through their attendance at day services, and there was clear evidence that discussions had taken place with current residents regarding the arrival of a new housemate prior to the move. The transition was supported in line with the resident's preferred timelines, with regular visits facilitated and a bathroom upgraded to meet their specific needs.

Although these steps were logged in daily records, they were not formally captured in a dedicated transition plan. Additionally, the official records did not include the final admission details or the scheduled follow-up reviews at six, nine, and 12 months, indicating a need for a more structured and transparent admissions process.

The annual review further identified discrepancies in the contracts of care and fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations. Some slight amendments were required with the recent change in governance which was submitted post-inspection.

Judgment: Compliant

Quality and safety

Overall, the inspection revealed that residents generally enjoy a supportive and well-maintained environment, with many aspects of the service demonstrating a commitment to quality and safety. Residents were engaged in a range of activities both within the centre and in the community, and residents' autonomy and well-being were promoted. There were improvements required related to risk management, positive behavioural support, and safeguarding to ensure that all residents receive a safe, responsive, and high-quality service. These areas required further review to ensure that residents continued to receive safe and effective support in line with regulatory requirements.

The premises were found to be clean, comfortable, and appropriately decorated, with residents' personal tastes reflected in the design of their bedrooms. The communal areas were well-maintained, and recent renovations, such as the updated bathroom facilities and freshly painted communal spaces, further supported a safe and homely atmosphere.

Residents were supported in managing their finances in accordance with their individual preferences and capabilities. A variety of banking methods, including online services and electronic payments, were utilised to facilitate financial management. The inspector was informed that additional financial safeguarding measures were being developed to support residents in adapting to the increasing use of online financial services.

Residents expressed satisfaction with many aspects of their daily lives, particularly in relation to social opportunities and access to community-based activities. Staff demonstrated a commitment to providing quality care and responded promptly to residents' needs. However, gaps in risk management and managing behaviours of concern in addition to changing relationships in the house had impacted residents' lived experiences in the centre.

Regulation 11: Visits

Residents were supported and encouraged to maintain meaningful connections with their friends and families. There were no restrictions on visiting the centre, and

residents had access to private spaces where they could meet with visitors if they wished. Some residents received regular visits from family members, while others were supported to visit their families at home. Residents also shared with the inspector how they used their mobile phones to stay in touch with friends and family, ensuring ongoing communication and social engagement.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to enjoy a good quality of life, with access to a variety of meaningful activities both within their home and in the community. These activities aligned with residents' life stages, interests, and ambitions, ensuring a person-centred approach to engagement. Some residents attended a day service, with clear communication between day service staff and the designated centre to promote continuity of care and support. Residents were encouraged to participate in their local community, with some independently accessing public transport and community services, while others received staff support to do so.

Judgment: Compliant

Regulation 17: Premises

The premises consisted of two, two-storey houses situated near a busy town with access to various amenities and services. Both houses were clean, bright, and well-maintained, providing a comfortable and homely environment for residents. Residents' bedrooms were decorated according to their personal preferences, reflecting their individual tastes and interests. The shared communal spaces included a spacious sitting room, an open-plan kitchen and dining area, and multiple bathrooms. Recent improvements had been made to the premises, including repainting of communal areas and the renovation of a bathroom to better accommodate residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were supported to live independently and engage in positive risk-taking, with the service promoting informed decision-making. Residents were encouraged to understand specific risks associated with their activities or decisions, ensuring their

autonomy, dignity, and rights were upheld. In line with residents' preferences and abilities, some were supported to stay in the house alone and travel independently. However, given the residents' evolving needs and shifting dynamics within the house, the risk register required updating to fully capture and reflect the current risks in the centre as identified by the provider through audits of the centre.

The inspector reviewed an epilepsy health action plan and associated risk assessment, which had last been updated in June 2023 and had been due for review in June 2024. Despite being identified in an audit on 28 December this update had not been completed. Upon review, the plan lacked clear guidance on managing a seizure, focusing only on proactive epilepsy measures.

Discrepancies were also noted between the epilepsy care plan and the risk assessment, with missing details regarding community access and guidance on when to contact emergency services. There was ambiguity regarding the actions to be taken by untrained staff working alone at night, particularly given the requirement to administer emergency medication within two minutes. There was no overarching organisational risk assessment in place to clearly define ownership and accountability for managing this risk appropriately.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a range of healthcare needs, including diabetes, vision impairments, memory concerns, swallowing difficulties, mobility issues, and chiropody requirements. There was evidence of timely health interventions, multidisciplinary input, and specialist care where necessary, with corresponding health action plans in place. However, some gaps were identified in linking key information within an epilepsy plan to ensure that all pertinent details were captured comprehensively to guide staff practice effectively. Improvements were required to enhance the clarity and completeness of this healthcare plan, particularly in relation to elements of risk, which are addressed under Regulation 26: Risk management.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a recently updated positive behavioural support plan for one resident dated 10 January 2025. However, on the day of the inspection, the resident exhibited high levels of anxiety, raising concerns about the effectiveness of the plan in practice. For example, a separate risk assessment for managing behaviours of concern included a recommendation to avoid discussing triggering events until the

day before they were due to occur. Despite this, the resident required frequent reassurance about an event that was not scheduled to take place until the following week. This inconsistency indicated that the behavioural support plan did not fully capture or address the resident's specific triggers, leading to a lack of clear guidance for staff.

Additionally, the inspector observed that the resident's heightened anxiety had a noticeable impact on other residents in the centre, further emphasising the need for a more comprehensive and cohesive behavioural support plan that aligns with the resident's needs and takes into account the shared living environment.

Judgment: Not compliant

Regulation 8: Protection

The provider had submitted safeguarding concerns to the Chief Inspector, with six safeguarding incidents reported in 2024. One concern was raised in February, while the remaining five were reported within a period between September and November. All of these concerns related to negative peer-to-peer interactions. Staff members spoken with demonstrated awareness of these issues and that safeguarding measures appeared to be generally effective, and residents were reported to have positive relationships overall. Referrals had also been made for relationship training to further support and promote harmonious cohabitation.

Despite these measures, the inspector and staff observed instances of negative interactions between residents, with some individuals accommodating the needs and demands of a peer in order to diffuse situations. As a result, the inspector was not assured that the current living arrangements were conducive to the overall well-being of all residents. A review of compatibility within the household was therefore required to ensure a safe and positive living environment for everyone.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Pinewood Court - Community Residential Service OSV-0003085

Inspection ID: MON-0037343

Date of inspection: 16/01/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: One 39hour scw post and a 19.5 scw post has commenced in the centre since 16-1-25. The provider will identify a cohort of relief and agency staff who will support unplanned leave within the centre.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Provider has a schedule in place to ensure all staff have received or scheduled to receive training as identified within the training matrix of the centre. A schedule is in place , maintained by the PIC and overseen by the PPIM to ensure all staff have supervision with their line manager.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The Provider has developed a schedule for all nominee provider visits. The audit should be carried out within two consecutive days in the designated centre. The action plan will be identified and a plan for completion discussed with the PPIM and PIC. All information will be shared during house team meetings. The PPIM and PIC will demonstrate learning from treview of incidents during monthly meetings.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider will reformat one transition [plan within the designated centre to ensure all transition plans and meeting records are evident. The provider has updated the contract of care to ensure the fees and charges are transparent for all residents.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC and PPIMwill review and update the risk register. The Epilepsy health action plan/risk assessments have been updated to ensure guidance for staff with all relevant information.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The positive behaviour support plan for one individual is currently being reviewed. An Mdt review has been organised for one individual with a plan to introduce additional behavioural supports.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: A review of living arrangements within the centre is currently ongoing in line with their will and preferences. One resident has discussed her wish to transfer within the centre which the PIC / PPIM is overseeing and supporting.	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/04/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/03/2025

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/04/2025
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/03/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Substantially Compliant	Yellow	30/03/2025

	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/04/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/03/2025