



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

Issued by the Chief Inspector

Name of designated centre:	Carriglea Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	16 May 2023
Centre ID:	OSV-0003509
Fieldwork ID:	MON-0039878

About the designated centre

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

The statement of purpose currently details that the service provides care for 13 adult residents, both male and female with a primary diagnosis of intellectual disability. The service supports residents with high support needs, based on age related and physical dependency, mental health, autism and behaviours that challenge. The staff team is composed of nurses and care assistants. There is a good staff ratio with a minimum of one or two waking night staff in all houses. Admissions to this centre are no longer accepted in line with plans to de-congregate. The accommodation comprises of three individual houses located close together on a large site in a coastal town. There is sufficient communal space, kitchens and bathrooms available for the residents. There are a number of day services attached to the organisation in the local community and an activities centre and swimming pool on the grounds of the centre. At the time of the inspection there were 13 residents living in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Tuesday 16 May 2023	09:00hrs to 17:00hrs	Conor Brady	Lead
Wednesday 17 May 2023	08:30hrs to 14:00hrs	Conor Brady	Lead
Tuesday 16 May 2023	09:00hrs to 17:00hrs	Nan Savage	Support
Wednesday 17 May 2023	08:30hrs to 14:00hrs	Nan Savage	Support

What residents told us and what inspectors observed

This centre had recently been reconfigured by the provider to reduce the footprint and capacity of the centre from 26 residents to 13 residents. This inspection took place to review the impact of this reconfiguration on the quality and safety of care provided to the residents.

Overall inspectors observed a very good and well managed centre whereby the care and support to residents was found to be provided to a very high standard. Inspectors had the opportunity to meet and speak with all 13 residents who resided in this newly configured centre over two days. Residents were observed to be very happy, well supported and were cared for by a very experienced, driven, motivated and professional team of managers and staff. Inspectors also spoke with a number of families about their experiences and they were all highly complimentary about the staff, the management and the service provided describing it as *'an excellent service'*. Nine satisfaction surveys were also completed by residents and families which were unanimously highly complimentary about this centre. The inspectors found a very good culture of care in this centre whereby residents needs and wishes were the paramount consideration.

The centre itself was located on a small rural campus outside Dungarvan Co. Waterford. While provider level decongregation plans were in place, it was clear that the provider was very much making the best of the old buildings and facilities that they had and took pride in the maintenance of their properties both internally and externally. While some of the buildings were dated and old (in terms of design and lay out) they were found to be clean and well kept. Residents each had their own bedrooms in each of the three buildings that made up this centre.

The surrounds, gardens and woodland walks around this service (which were accessed by residents on a daily basis) were tranquil, idyllic and immaculately maintained. Residents were observed being supported in their wheelchairs or walking around the grounds, gardens and woodland walks over the two days. Residents spoke to inspectors about how they loved their grounds, their gardens, their flowers and shrubs and spoke to inspectors about how these areas were hugely important to them. One resident told the inspector *'I don't want to live in a town in the community surrounded by concrete when I walk out my front door.....I want to be here in my garden'*. Another resident showed the inspectors their pet donkeys which were kept in a nearby paddock and told inspectors how they fed them apples most days and had done so for the last 10 years. Other residents were observed doing flower arranging and others were singing in preparation for a local musical show that they were involved in.

Inspectors observed some really positive interactions between staff members and residents. For example one elderly resident who was fully visually and hearing impaired was observed being supported by an experienced staff member in a really kind, gentle and caring way. The staff member was observed waking this resident in

a really caring way by kneeling by her bedside and holding and gently caressing the residents hand while moving her own head next the residents head. The resident immediately became alert and said the staff members name in response and then smiled and was clearly really happy to be awoken this way. This showed the inspectors that this staff member knew the residents support needs very well and was very kind, respectful, patient and deliberate in their support of this residents very individualised needs.

Another resident was observed with a staff member who was supporting them to go for a stroll in their wheelchair. The staff member was observed continually speaking with the resident, smiling, gesturing and stopping and smelling flowers with the resident while moving through the gardens which demonstrated kind and supportive care practices.

Inspectors found that the residents were being provided with excellent activation levels whereby activities and social events were a daily occurrence in the centre. The provider had clearly put a high level of energy and targeted resourcing into ensuring residents were being well supported in line with their needs, wishes and preferences in this centre. This was both very evident and impactful in terms of the benefits on residents quality of life. For example, better staffing levels were provided in this centre since the previous inspection which has had a very positive effect on the quality of social and healthcare provision to the residents. Staff have more time to provide one to one care with residents and the benefits were clear for inspectors to see and hear about from the residents themselves. Residents told inspectors that the service had greatly improved for them with significantly more activities planned regularly in their lives. For example, holidays, meals out, going to GAA matches, men's sheds, local musicals, horse riding, and many other activities were now a regular occurrence.

Overall based on what residents and their families told us and what inspectors observed, the care practices in this centre have made huge and continued improvements in all areas of care and support provided to residents. This centre was found to be operated to a very high standard. The majority of areas inspected were found fully compliant with regulations with only minor improvements required in some areas such as premises, staff supervisions and residents personal planning records.

Capacity and capability

This centre was found to be well managed and was delivering very good levels of care, support and oversight to the residents.

A full time, professionally experienced and qualified person in charge was in place. This person was also supported by a competent and capable management team. All of these managers were met as part of this inspection and were found to be very knowledgeable in their roles and very committed to driving a good culture of care in

the centre.

The provider had recently reconfigured this small campus from one larger centre into two smaller centres and this decision was found to be having a very positive and beneficial impact on residents care. Clearer lines of accountability had been established and much higher levels of individualised supports were found to be in place as a result of this change. Resources had been reassessed and dispersed in accordance with residents assessed needs. There was a competent and capable staff team in place. At the time of inspection, the provider had an overall whole time equivalent staffing deficit of five posts and was managing these vacancies through the use of regular relief and agency while recruitment was taking place. In reviewing rosters and inspecting all parts of the service, this was not found to be negatively impacting on the quality of service delivered to the residents and was being well managed by the provider.

Inspectors reviewed nine quality and safety audits which demonstrated that the provider was auditing key areas of care and support specifically based on the regulations and standards. These audits were leading to corrective action planning and improvements in areas that included resident finances, residents rights, consultation, risk management and social activation.

Inspectors reviewed the providers Annual Report of the Health & Safety Committee 2022 and Board Meeting minutes and found that the provider had a clear and robust review system in terms of quality and safety. For example a proactive and well managed oversight system was in place regarding fire safety, risk management and protection, property maintenance (internal/external), transport vehicles, heating systems, infection prevention and control and food safety. Clear reporting mechanisms were in place which demonstrated strong lines of accountability all the way to board level.

Inspectors reviewed the providers Strategic Plan 2023-2027 and found that this document clearly outlined the strategic goals of the service which were based on the needs of the residents and the continual provision of person centred services.

Minor areas of improvement were found to be required in the area of staff supervision and development to ensure that all staff were in receipt of appropriate levels of formal supervision in line with the organisational policy. Some resident personal plans also required review in terms of updated reviews and clear goals and objectives being set with residents. Also, some parts of the premises required upgrading, renovation, repair and some additional cleaning. Inspectors noted that the provider had identified these issues through their own internal audit system and had plans in place to address these issues.

Regulation 15: Staffing

The staffing levels found on inspection consisted of an appropriate number and skill mix of personnel. Staff members spoken with and observed were found to be

professional, caring and supportive of residents. Staff clearly knew residents very well and were very complimentary about the services. Residents and families were very complimentary about the staff members, their practice and how they went 'above and beyond' to provide good quality care and support. Inspectors reviewed staff personnel files and found all staff had up to date training, references, employment documentation and Garda Vetting in place.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems to record and regularly monitor staff training were in place. Staff had received up-to-date mandatory training in fire safety, safeguarding, behaviour that challenges and manual handling as well as additional training in other areas pertinent to their roles including cardiac first response, food safety and HACCP (Hazard Analysis Critical Control Point) and dignity at work. Staff had also completed training in various aspects of infection control.

Staff were very clear about their role and responsibilities and the assessed needs of residents that they supported. Staff were professional, knowledgeable and very kind and caring towards the residents in their care. While good informal supervision arrangements were in place not all staff members had yet completed formal supervision in line with policy. This was reviewed with the person in charge and a schedule was devised for the completion of same.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall very good governance and management was evident in this centre at provider and local level. Effective oversight systems ensured that residents care was continually monitored and reviewed. A clearly defined management structure ensured lines of authority and accountability in the centre which was evident by the high levels of regulatory compliance found. Auditing, oversight reviews, action plans and provider spot checks were ensuring that a consistent and good quality and safe service was being provided to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A clear written statement of purpose was in place that contained all of the required information set out in Schedule 1. The statement of purpose reflected the findings of the service that was being provided on the day of inspection.

Judgment: Compliant

Quality and safety

Overall, inspectors found a very good quality of care was provided to all of the residents in this centre.

A number of areas were reviewed by inspectors to establish if the care and support provided to residents was safe, effective and of a good quality. The inspectors used communications with residents, staff, management and residents families to support regulatory judgments. Inspectors made detailed observations of the care and support practices provided, of the maintenance and upkeep of the facilities, and completed a full review of the necessary documentation to inform their judgments on the quality and safety of the service.

The management team and staff were very focused on maximising the independence, community involvement and general welfare of residents. The provider's practices ensured that the resident's well-being was promoted and that they were empowered to make choice about their lives. Although the centre was located on a small rural campus and a centralised kitchen and laundry operated inspectors found this was not negatively impacting the residents. Residents could prepare food in their homes if they chose to do so and very resident spoken with was highly complimentary about the food, menus and system in place. Residents were observed eating wholesome and nutritious dinners such as bacon and cabbage, chicken casserole and shepard's pie. Freshly baked scones, fruit, deserts and breads arrived daily and residents told inspectors they loved the food in the centre. Inspectors reviewed the centralised kitchen and met kitchen staff and inspected the storage, delivery, menu, consultation and hygiene standards and found very good practices regarding food, nutrition and hydration. Kitchen staff knew all the residents likes/dislikes very well and had detailed awareness of residents modified diets, food consistencies requirements and food allergies.

Inspectors found that residents received person centred care and support that allowed them to enjoy activities. Inspectors found that residents had opportunities to take part in a variety of activities that promoted their physical and mental health, enhance their well-being and encourage socialisation. Inspectors viewed enhanced activation levels whereby residents attended a lot of appropriate activities every week and this was led out by an activities coordinator.

Inspectors found choice and consultation was also to the fore with some residents observed using their autonomy to leave a live music session and instead go for a

walk with a staff member. Other residents often decided they didn't want to do an activity and were observed being supported to do something else. Residents were also actively supported and encouraged to connect with family and friends, as they wished and inspectors saw family members coming and going to the centre during the inspection.

The provider had ensured that residents had access to medical and healthcare services to ensure their well-being. Residents had access to general practitioners (GPs) as required and professional services, including physiotherapy, occupational therapy and psychological/psychiatric services as well as behavioural support. Resident's nutritional needs were being met and where possible, residents were supported to find enjoyable ways to be physically active every day which contributed to balancing their food intake with active living. Inspectors met with a physiotherapist who was in the centre three days a week and treated residents individually in line with their assessed needs while also operating mobility clinics for groups.

Some minor areas of improvement were required in the areas of resident personal plans that required review in terms of updated reviews and clear goals and objectives being set with residents. Also, some parts of the premises required upgrading, renovation, repair and some additional cleaning. However inspectors found these findings were in the minor category and were not adjudged to be adversely effecting the care and support needs of residents.

Overall inspectors found that the provider had greatly improved the quality of care and support in this centre since it's previous inspections by targeting resources at key areas of quality of life and social activation, clear management action planning and a very consultative and collaborative approach to service provision with residents, families and staff.

Regulation 13: General welfare and development

Residents were supported to participate in a wide range of social and developmental activities both at the centre, and in the community. The activation manager and staff provided appropriate supports to residents to achieve these in line with their individual preferences and current interests, as well as their assessed needs.

Residents' activity schedules were in an easy-to read format and showed that residents took part in a variety of activities including flower arranging, swimming, drama and baking. Residents spoke about how they enjoyed these activities and other pursuits including feeding the donkeys and doing gardening. Some residents that were involved in the drama group communicated how they were looking forward to performing in an upcoming show.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was found to be clean and suitable to the needs of the residents. Inspectors were aware that a provider decongregation plan was in place with the overall service aim of transitioning residents to more modern community based living. This centre was made up of three separate locations located on campus. Each location was providing care and support to three different cohorts of residents with different/individualised support needs. For example, some residents were elderly and required more support with healthcare and mobility while other residents were more active and displayed some complex behaviours of concern such as self injurious behaviours. Each location was therefore different in its lay out and operation. Each location was found to be managed and maintained well and in line with residents' needs. Residents told inspectors they were happy in their homes and all parts of the centre were inspected.

Most areas were adequately maintained, some areas within the centre required further deep cleaning, such as the light fixtures located in one kitchen and sections of the flooring in a resident's bedroom and in a toilet/shower room. Protective perspex screening in one part of the centre was marked and needed replacing while some sections of the flooring and walls were damaged from wear and tear. The provider had a plan in place to upgrade all of these parts of the premises that included repainting and renovation. Engagement with contractors to complete the identified works was already in train. None of these areas were found to be significantly impacting on the quality of care provision to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Residents' food and nutritional needs were assessed and used to develop personal plans that were implemented into practice. Residents were supported by a coordinated multidisciplinary team, such as speech and language therapy, dietitian and occupational therapy as required. Staff adhered to advice and expert opinion of specialist services, including advice on therapeutic and modified consistency dietary requirements. Processes were in place to appropriately monitor and evaluate residents' nutritional care which helped ensure that high-quality care was being provided.

Residents were observed to have plenty of time to eat and drink, therefore, meals were unrushed and a time of enjoyable social sharing. Staff supported residents that required assistance with eating and drinking in a respectful and dignified manner. They provided the minimum amount of support required so as to encourage as much independence as possible during meals.

Residents told inspectors that they were very happy with the food that they were provided, had ample choice and consultation regarding meal selection and menus and the food provided was healthy and nutritious.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management in this centre was clear and robust. Risk was found to be well managed in this centre with a responsive and balanced approach to risk management adopted by the provider. Clear risk management policies, procedures and systems were in place. Incidents/accidents were clearly recorded, reported and responded to. The provider had risk assessments in place to effectively manage risks and inspectors found that where control measures were required these were in place. For example, inspectors found clear risk management protocols were in place for residents at risk of falls, self-injurious behaviour, complex behaviours of concern and the risk of choking/aspiration.

Inspectors found that staff knew and understood the risk areas and were observed implementing the control measures in practice.

A risk register was in place which was regularly reviewed, updated and monitored. This was in turn reviewed by the Health and Safety co-ordinator who provided updates to the health and safety committee in terms of all risks, accidents, incidents and near misses in the centre.

Overall inspectors found a very good and balanced culture of risk management whereby residents were well supervised and protected but also facilitated to take appropriate risks and activities in line with their needs wishes and preferences.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in effect to control the risk of infection. Residents and staff were protected by the infection prevention and control (IPC) procedures and practices in the centre. Staff had completed relevant infection prevention and control related training in areas including hand hygiene and antimicrobial resistance. Residents were protected by contingency plans in place and good day to day practices in terms of PPE, hand hygiene and isolation (where and when required).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for residents based on their assessed needs.

A personal planning meeting was observed happening in the centre at the time of inspection. Inspectors could see that residents families could come to the centre and were facilitated to be very much part of the planning process with their loved ones.

Residents had clear plans in place that were directing the care and support provided to a very good standard. The majority of all personal plans were appropriately and comprehensively reviewed and updated.

Minor improvements were required to the reviews and actions associated with some residents' person centred plans. For example, two residents social goals had not been updated since 2019/2020. Inspectors found however that both of these residents were provided with very good activation levels and that this issue was primarily a planning, review and documentation issue. Inspectors noted that resident's personal plans had been audited and action plans had been developed and assigned to the resident's key worker (a staff member who is the point of contact for the resident with a specific role advocating for the resident and coordinating the resident's care and support on their behalf) to address.

Judgment: Substantially compliant

Regulation 6: Health care

Plans of care for good health had been developed for residents based on each person's assessed needs. The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GPs), healthcare professionals and consultants. During the inspection, some residents attended physiotherapy. The physiotherapist described to inspectors the individualised plans that were in place to support residents which corresponded to inspectors findings. Inspectors saw that residents' medical appointments and reviews were recorded on a summary document that was kept up to date. Two residents had recently being unwell and just returned from hospital. Inspectors could see that nursing notes, records were updated and care planning was reviewed to ensure continuity of care. Overall inspectors found that residents were well supported to enjoy best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall inspectors found that positive behavioural support was well provided in this centre. A number of residents displayed behaviours of concern and these were found to be well managed. Inspectors reviewed behavioural support plans and could see that resident's behaviours and presentation was well monitored and managed. Psychological and psychiatric reviews were taking place and residents were being well supported and consulted with. Restrictive practices were being reviewed and were only in place where assessed as necessary for resident safeguarding (to keep residents safe) and were only applied for the least duration. Staff were trained and supported in the management of behaviours of concern and inspectors found good support structures in place for both residents and staff.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be very well protected by the safeguarding systems in this centre. Residents told inspectors that they felt safe, well and protected in their homes. Residents who required safeguarding plans in place, had these in place and these were reviewed, updated and understood by staff spoken with. Any safeguarding matters were found to be responded to appropriately and robustly with residents safeguarding needs always being the paramount consideration. The care practices observed by inspectors were person centred and all staff were observed to be kind and caring towards the residents in their care. Staff spoken with were very aware of the safeguarding policies, procedures and requirements to respond to, manage, report and record any safeguarding matters. A full review of resident's finances had taken place with the use of advocacy and in collaboration with the HSE and a new individualised bank accounts system was in the process of being implemented. Overall residents were found to be well protected and safeguarded in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were well promoted in this centre through continuous examples of choice, consultation and rights promotion. Family and advocacy services were used in this centre to support residents with independent supports and inspectors reviewed recent provider engagements with residents and families via a family open evening regarding the Assisted Decision Making Act as well as the strategic plan

including the de-congregation plans and day services plans. Residents rights were found to be well promoted in the centre through day to day care and consultation and through the care planning process whereby residents were observed to be very much involved in.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carriglea Residential Service OSV-0003509

Inspection ID: MON-0039878

Date of inspection: 17/05/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in Carriglea Residential Service will have formal staff supervision completed in line with policy.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. A schedule for deep cleaning is completed for shower areas and light fixtures in all homes in Carriglea Residential Service. 2. A schedule is completed for painting in areas as identified on inspection including walls and repair of door frames as part of the overall plan for renovation. 3. The floor covering is ordered for one residents bedroom as identified on inspection. A regular review of the residential buildings décor and deep clean requirements will be undertaken by the Provider and resulting actions will be implemented.	
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: All residents action plans have been reviewed and where relevant now have their action plans and goals updated in line with current PCP and regular activities.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	02/06/2023