



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

Issued by the Chief Inspector

Name of designated centre:	Carrick on Suir Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 October 2023
Centre ID:	OSV-0003608
Fieldwork ID:	MON-0036839

About the designated centre

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

Carrick on Suir Camphill Community, located in a town, provides long-term residential care to both male and female residents over the age of 18 with intellectual disabilities, autism and physical support needs who require medium levels of support. The centre comprises of seven units in total combining a mixture of residential houses and individual semi-independent supported houses. All residents have their own bedrooms and facilities throughout the units which make up this centre include kitchens, sitting rooms, dining rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse and social care staff) and volunteers.

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
Monday 23 October 2023	11:00hrs to 16:45hrs	Tanya Brady	Lead
Tuesday 24 October 2023	10:00hrs to 14:00hrs	Tanya Brady	Lead
Monday 23 October 2023	11:00hrs to 16:45hrs	Conor Brady	Support
Tuesday 24 October 2023	10:00hrs to 14:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor compliance with the Regulations and standards. The inspection was carried out over two days by two inspectors. Overall findings were that inspectors found evidence of person-centred care and support with evidence of compliance in Regulations that reflected safe procedures and processes were in place. The inspectors also found however, that there were significant challenges with respect to staffing levels and the maintenance of the premises and suitability of the use of aspects of the premises with overarching challenges in resourcing the centre to ensure that the person centred services could continue.

This is a large designated centre with nine distinct units and is registered for a maximum of 16 residents. A number of the units are grouped together by location and offer residents support via a staff team that float between premises as required. There was one vacancy at the time of inspection and also inspectors were informed that two residents were acutely unwell and had not been in the centre for a period of weeks.

The inspectors met with 10 of the other 13 residents over the two days. In addition, inspectors met with staff and members of the local and national management team and reviewed documentation.

Seven residents live in individual homes and there are two houses that provide a home to four individuals. The inspectors found that some residents attended a regular day service and were supported to attend these from Monday to Friday, other residents attended some formalised day services but were also engaged with education such as literacy courses. While others had part-time jobs and worked in a number of settings in the community. Some residents directed their own day and were supported to plan and carry out activities and outings that were important to them.

The inspectors observed residents taking responsibility for activities in and around their homes, this included taking the bins out to the footpath for collection, putting away laundry and helping with food preparation. One resident told an inspector about how they were a member of a residents advocacy group and that this was important to them so that they could talk about things that were important to them and to their peers. Residents talked about their love of gadgets and showed inspectors how they played music via a speaker from their electronic tablet and others talked of their love of activity such as climbing, walking or cycling.

Inspectors observed residents sitting in the larger houses together to have a snack or a meal. Others went out together on outings in one of the centre vehicles. Residents took pride in their homes and invited inspectors to look around with some pointing out areas they were proud of. These included for one resident having space to watch television in their bedroom where they liked to watch 'soaps', and for

another it was space to engage in creative writing. A resident who had a room that was for them to relax in and enjoy online gaming spoke to one inspector about the importance of having this space for themselves.

The inspectors had the opportunity to observe residents engaging in interactions with the staff team. There was a warm and welcoming atmosphere in the houses visited. All residents who engaged with the inspectors or who were observed, were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspectors were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspectors saw, was told and read, residents were very busy and enjoying a good social life in their local community.

Residents in the centre, led busy and active lives and were supported to engage in and attend a number of different activities. Most residents had been on a short holiday together a couple of weeks prior to the inspection and this was reported to have been very enjoyable. From what inspectors were told and read it was clear that residents were supported to maintain relationships with peers and with family or friends outside the centre. Residents visited one another and were observed using communal meeting spaces to gather and catch up.

In summary, from what the inspectors observed, from what residents told us and a review of documentation, it was evident that residents were supported to have a good quality of life in the centre. All of the residents appeared comfortable and content in the company of staff and in their home. There were however, areas related to the resourcing of the centre and service provided that had the potential to impact on the safety of residents including staffing and premises. The next two sections of the report present the inspection findings in relation to the governance and management arrangements and how these arrangements affected the quality and safety of care in the centre.

Capacity and capability

Overall, this inspection found that residents were in receipt of a good quality of care and support. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre.

Clear lines of accountability were in place and inspectors met a number of newly appointed members of the providers management team at local, regional and national level.

There was evidence of oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service on a day to day basis. For example, there were good systems of audit in place to ensure that residents were safe and well cared for.

However significant improvements were required in the staffing and resourcing levels required for the continued delivery of a consistent and safe service. Furthermore improvement was required for the considerable upkeep and maintenance of the large premises and grounds in this centre in terms of the deficits observed on this inspection. For example, wear and tear in residents houses, flooring in bedrooms, poorly finished works (window), flooding of pathways/residents entrances, overgrown gardens/trees, uneven surfaces/trip hazards, poorly maintained pathways, rubbish/refuse around the centres grounds. Inspectors were informed that the maintenance person had recently left their post. There was considerable and ongoing maintenance required in this large centre which comprised of four different locations, multiple buildings, stairways, annexes and corridors not to mention considerable exterior gardens, grounds, outbuildings and sheds.

In addition, as residents were aging and their support needs were changing in this centre, a more strategic governance approach to care planning was required. For example, consideration of residents requiring nursing support, residents with significant/changing mobility needs and the providers ability to respond and adapt environments to meet residents needs.

Regulation 15: Staffing

Inspectors found serious deficits in the provision of a consistent and skilled staff team in this centre.

There was a stated current deficit in the staffing whole time equivalent (WTE) of 33.5 staff, which were assessed required to meet residents needs.

Inspectors found that there was evidence of changing needs for some residents that indicated that the staffing and skill levels required may be higher than this. Evaluation of this matter was reportedly ongoing. Inspectors found that care and support agencies were being used by the provider to manage this considerable staffing deficit and to fill the rosters, however this was not always effective with gaps found on some rosters whereby staff could simply not be found to work in the centre.

The provider had systems in place to ensure staffing did not drop below safe levels and stated an overarching strategy for the services under their remit were focused on the recruitment and retention of staff as a priority. Inspectors saw evidence of this however the fact remained that there was not enough consistent core staff working in this centre.

The inspectors found that when there were core staff on duty, they had the skills

and knowledge to deliver person-centred, effective and safe care and support to residents. However, this was not consistently the case with a very high level of agency staff being utilised to meet gaps on the roster. For example over a five day period reviewed from September 2023 rosters four different agency staff were used to cover ten shifts over two houses.

Staff on duty who spoke with the inspectors stated that while they always ensured that the night staffing levels were covered it was difficult to ensure that all the day staff levels were filled with staff having to move between houses to provide additional cover.

Where agency staff were used the provider had a system in place to ensure that they had all required documentation in place as required by Schedule 2.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with the assessed needs of the residents. The provider had a system that allowed them to accurately track staff training requirements and this was implemented in a manner that allowed for planning and scheduling of training as required. Provider and person in charge audits were also found to review training as part of the overview of the centre.

The provider as already stated used a high number of agency staff as part of their staff team. The inspectors found that staff who were employed by an external agency also had their training monitored to ensure they were qualified to provide care and support to residents.

There were systems in place to ensure that staff were in receipt of regular formal supervision and to ensure that they were supported and aware of their roles and responsibilities. The inspectors reviewed a sample of these and found they were completed as outlined in the provider's policy. The person in charge and team leaders had schedules for supervision over the course of the year in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the

centre.

The management structure had changed in this centre and individuals in positions of management had also changed since the last inspection. The management structure was clearly defined however, with lines of accountability and authority in place. There was currently one staffing gap in a team leader position with the provider stating this had been filled.

Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to monitor progression. There was also a suite of monitoring systems and audits in place that were completed by the person in charge, team leader or house co-ordinators.

The current management system of oversight and governance did ensure that there were systems in place to oversee that safe care was provided appropriate to the residents needs. The provider had carried out an annual review of the quality and safety of resident care in the centre for 2022. Team meetings with staff took place on a regular basis. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits , risk assessments, fire, IPC, safeguarding and training.

It was acknowledged by the inspectors that some areas remained outstanding due to lack of access to resources within the centre either staffing or financial. This was evident in reviewing the continued issues within the staffing of the centre and the providers ability to implement its own plans in terms of the completion of all necessary premises works.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that they had all policies as required by the Regulation in place to guide practice in the centre. One policy that of 'Closed-circuit television' (CCTV) was found however, to be a working draft but had been approved by the Board. Given that CCTV was in use in the centre with the monitor positioned such that it was available for residents to view, this policy required final review and the draft status amended.

The current policies were made available to staff via the provider's online portal and the inspectors observed these being referred to by staff and by students on placement in the centre. All policies other than the one identified for CCTV use were reviewed by the provider as required. Procedures in place to guide the safe and effective delivery of care and support were reflective of guidance in the provider's policies.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or local community.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspectors found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking part in local groups. In addition, residents participated in meaningful tasks as part of maintaining their home.

There was however, one part of the centre that required review in order to ensure that the rights of the individual who lived in that house were respected and in line with their peers and this is detailed under Regulation 17 below.

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. Some residents had returned from visiting family on the day of inspection while others were out in the community either on activities or in employment. Residents were being supported to be independent and to be aware of their rights. The inspectors observed some residents completing activities in the centre that they took pride in being responsible for.

Judgment: Compliant

Regulation 17: Premises

During the previous inspection of this designated centre in 2022, the inspector had identified that areas within one single occupancy home which was newly registered was being used by staff for the purposes of supporting other residents. This

included using the kitchen to prepare food for others.

The inspectors observed that these practices had not changed, a resident lived in this home and their kitchen and sun room were being used by the staff team as a communal space. A number of residents' medication was stored here and other residents and staff used this residents home to eat and to gather even while the resident was not present. This required review and was discussed with the management team and the provider as was not appropriate in terms of this residents rights.

All parts of this centre were visited by the inspectors over the two days of the inspection. Inspectors acknowledge that some works required have been completed with some new flooring, new furniture and painting in addition to some bathrooms having been upgraded.

However, substantial property works remain outstanding which the provider has identified as part of their auditing mechanism. These were awaiting confirmation of funding for completion with many having been identified for completion for a period of time. The external pathways presented a trip and slip hazard and residents specifically commented about their concerns. Areas of pathways were flooded and for one resident to access or leave their home they had to use a lawn around the path which was muddy and slippery.

The centre comprises a number of houses on one site and a number of single occupancy homes in the community. On the main site substantial external maintenance was required with shrubs and grass very overgrown and areas of gardens that were inaccessible. Some of the windows required replacement and while inspectors acknowledge that this was identified by the provider and some windows had been ordered others were in need of replacement or repair. One residents home was attached to outbuildings and based on observation the location, suitability, access/egress procedures all required review. Other buildings inspected were large community homes and some were not deemed suitable due to residents changing needs (wheelchair accessible) and other buildings were largely unused, vacant or only used for short durations.

The premises in this centre required substantial review and ongoing investment. Two residents as stated were currently in hospital and due to changing needs their living environment such as the presence of steps and need for mobility equipment, required urgent review which the provider was aware of.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation. The provider and person in

charge were identifying safety issues and putting risk assessments in place. Arrangements were also in place to ensure that risk control measures were relative to identified risks.

The inspectors reviewed a sample of both individual and centre specific risks and found that these were regularly reviewed and there was evidence of the risk ratings increasing or decreasing in line with changing needs. All actions for each risk were noted to be clear and detailed in guiding staff practice. Staff that spoke with the inspectors could identify all relevant risks within the centre. These documents were available on a share point system for staff to access.

There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings. Recent serious incidents in the centre which had been notified to the Chief Inspector had been appropriately responded to, risk assessments updated and new control measures were in place. There was evidence of shared learning across the team following incidents such as these and adverse events, both during staff meetings and at handover. General and individual risk assessments were reviewed and updated in line with residents' changing needs, and in line with incidents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The previous inspection of this centre had identified concerns in relation to fire safety in this centre in particular relating to containment measures in place. The inspectors found that significant work had been completed to ensure that this centre met fire compliance requirements. New fire doors had been fitted throughout and works completed had been signed off as compliant by a suitably qualified external agency.

The identified concern for one resident whose bedroom was an inner room remained and while the provider had measures in place including an alternative evacuation route this requires ongoing review and monitoring in line with the review of premises suitability as identified under Regulation 17.

There were systems to ensure fire equipment was serviced and maintained. The inspectors found that frequent audits and reviews of fire safety processes and equipment were being completed. Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. A drill to demonstrate that each resident could evacuate the centre when the least number of staff are on duty had also been completed in line with the provider's policy.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. The inspectors found that medication practices in this centre were good and that this area of care was held to a good standard at all times.

The provider had clear guidance in place for staff who completed daily counts and audits of medicines. There was a system for ensuring that staff were not interrupted for example while auditing to reduce the risk of errors.

The residents had up-to-date prescriptions or a kardex in place and there were accurate records maintained of administration of medicines. Should a medicine dose be refused there was clear guidance for staff on how to record this and who to contact to discuss the next steps. Where residents were assessed as having capacity to self-administer their medicines there were systems in place on a daily basis for checks and supports as required.

Where the residents had 'as required' (PRN) medication prescribed, these were clearly identified with clear and direct protocols in place for their use. Risk assessments were completed for medicines that may be required for administration in injection form and specific training for staff had been provided.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during care routines.

Safeguarding plans that were in place were reviewed and implemented in line with national guidance and there was clear guidance for staff to follow.

Inspectors reviewed a sample of residents finances and found residents monies

were safe and accounted for in this centre. The provider was advocating for residents to be well supported with managing their own finances and making good financial decisions.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers.

For one resident whose home was freely accessed by others and used as a communal meeting place with or without them being present improvements were required to ensure that their rights were respected.

Over the course of the inspection the inspectors observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy with the exception of the single resident referred to above. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as living with someone else, making a complaint and fire safety.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carrick on Suir Camphill Community OSV-0003608

Inspection ID: MON-0036839

Date of inspection: 24/10/2023

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.

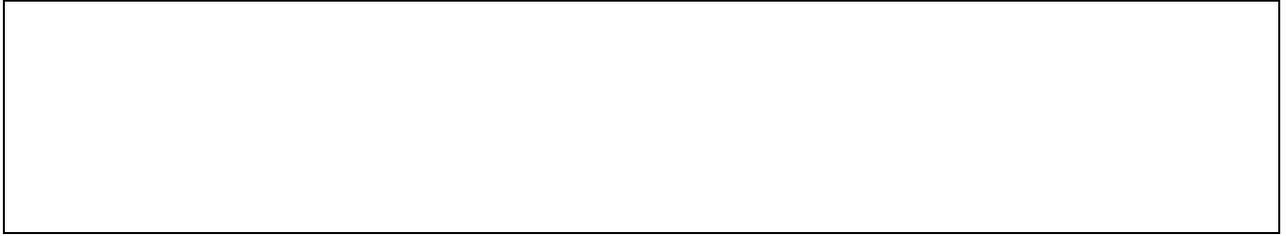
Section 1

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is ongoing within the community. Two new staff have started since the time of the inspection with another new member of staff starting on 29/11/2023. A further 4 offers have gone out and garda vetting is ongoing to onboard the staff.</p> <p>A SUIT review was carried out in June to ascertain the changing needs for the community members. Subsequent funding requests have since been sent to the HSE so that the care needed can be provided to the community members.</p> <p>There was also a significant changing need for one community member in recent months and the team is working with the HSE and the hospital to put in place a discharge plan provides the funding and care needed for the community members.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>These issues are being addressed via the staffing and premises section. Additional resources are being sourced from the HSE and recruitment is ongoing with a significant uptake in applications in the last number of months. All applications are reviewed internally when received and interviews set up in a timely manner when appropriate.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The term 'working document' will be removed from the policy. It stated on the policy that it was ratified by the board.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>It had been recognized that a number of Maintenance issues needed to be addressed. The path has since been approved for funding and work will start imminently.</p> <p>A gardner has been sourced to regularly care for the grounds and ensure that all areas are accessible.</p> <p>A recruitment campaign has started to onboard a new Maintenance staff member.</p> <p>There are weekly maintenance meetings with all issues added to a tracker. This includes the replacement of windows and all other areas highlighted by the team in Camphill and concerns raised by HIQA.</p> <p>All changing needs have been reviewed and plans have been put in place to provide the appropriate staffing levels and any environmental changes needed to provide the care needed. Business cases have been provided to the HSE. Discharge meetings have taken place with the hospital and the HSE in both cases and plans are in place to meet the needs of the residents.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>This is under review in consultation with the community members and their wishes will be adhered to and respected. Medication will be stored in the appropriate community members' apartments. The cooking of food in the house as a community exercise will stop with immediate effect unless the community member advises otherwise</p>	



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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/02/2024
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.	Not Compliant	Orange	01/01/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/03/2024

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/03/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	22/12/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with	Substantially Compliant	Yellow	22/12/2023

	supports where necessary, to decisions about his or her care and support.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	22/12/2023