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:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 and 19 July 2023
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0038940

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 18 residents in a rural location in Co. Kildare. The designated centre consists of seven residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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
Tuesday 18 July 2023	10:00hrs to 18:00hrs	Marie Byrne	Lead
Wednesday 19 July 2023	09:30hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This risk-based, unannounced inspection was completed following the receipt of solicited and unsolicited information by the Chief Inspector of Social Services about the centre. Overall, the inspector of social services found that the provider had recently taken a number of responsive steps to improve oversight and monitoring in the centre and they had completed compatibility assessments and supported 11 residents to transition to different houses within the designated centre. Overall, the findings of this inspection were that these changes had brought about improvements in relation to residents' quality of life, and had led to a reduction in compatibility and safeguarding concerns in the centre. The provider was aware that further improvements were required in relation to the premises, continuity of care and support for residents, and the review and upkeep of residents' documentation in the centre. They required further time to fully implement their action plans now that staffing numbers had increased following a number of successful recruitment drives.

Dunshane provides 24/7 residential services to up to 18 adult residents with an intellectual disability in a rural area in County Kildare. There are seven premises on the site which make up the designated centre. There are also a number of out-buildings where volunteers live, and some which are used for day services. The site also has a working farm and residents can choose to be involved in the day-to-day running of the farm, including caring for the animals such as sheep, cows, chickens and pigs. There is also a walled garden with a large vegetable patch, fruit trees and plants and flowers. The vegetables and fruit are regularly picked and used in the houses. During the inspection, a number of residents were observed either preparing the meal, or chatting to staff as they prepared the meals. The smell of cooking and baking met the inspector at the front door of a number of premises during the inspection.

Residents can also choose to attend workshops and training on the farm and garden, or to attend day services. They can take part in activities on site such as weaving, candle making, pottery, basketry, arts and crafts and cooking and baking workshops. Residents were also attending external social clubs, art classes, going shopping and taking part in activities they enjoyed in their local community such as swimming, going to the gym, and going to the cinema. A number of residents had been on holiday and more holidays were planned over the summer months.

There were 17 residents living in the centre at the time of the inspection. One resident had recently transitioned to another designated centre in line with their changing needs, and their wishes and preferences. From speaking with a number of staff this transition had been very successful. Staff had supported them for three weeks in their new home to ensure they settled in. Residents and staff were planning to visit them just after the inspection to celebrate their birthday with them.

The inspector had the opportunity to meet 11 residents over the course of the two days of the inspection. They had the opportunity to visit each of the seven premises

that make up the the designated centre and to speak with residents and staff while they visited. Over the course of the two days residents were observed coming and going to day services, going out on the bus with staff, spending time in their homes relaxing or taking part in activities they enjoyed, preparing meals and snacks, and spending time chatting with staff. Three residents were visiting their family or on holidays with them at the time of the inspection, and one resident came home after being on holiday with their family while the inspector visited their home. They told the inspector about how much they had enjoyed their holiday and talked about all the activities they had enjoyed and the places they had visited.

Each of the houses were found to be clean, warm and homely during the inspection. Communal areas were bright, airy and decorated with pictures, soft furniture and art work which contributed to how homely the houses appeared. Residents' bedrooms were personalised to suit their tastes and they had photos of the important people in their lives on display. As 11 residents had moved to different houses since the last inspection, they had been involved in decorating their bedrooms prior to moving. They had picked the paint colours and brought their furniture and possessions with them to their new home. A number of other works had been completed since the last inspection, and the provider had recently commissioned the services of an engineering consultant who produced a report on the required works in two of the premises. This will be discussed further under Regulation 17.

A number of residents were very complimentary towards the staff team. They said they were happy and felt safe in their home. They also spoke about the complaints process and how comfortable they would feel raising any concerns they may have to any member of the staff team. There was information on display about the complaints process, including pictures of the local complaints officer. There was information on display about the availability of independent advocacy services and the confidential recipient. There were social stories available for residents in areas such as safety, restrictive practices, and safeguarding. There was also information on infection prevention and control, including some posters on display in the houses.

Throughout the inspection, residents appeared comfortable and content in their homes, and with the levels of support offered by staff. They were observed chatting with staff, using gestures to communicate their wishes, and to use visual schedules to plan their day. Staff were observed to be very familiar with residents' communication preferences and to pick up and respond to their verbal and non-verbal cues.

Overall, throughout the two days of the inspection, kind, caring, warm and respectful interactions were observed between residents and staff. Staff were observed to knock on doors before entering different parts of residents' homes and staff took every opportunity to speak with the inspector about residents' talents and about how they liked to spend their time. Residents and their representatives views were being captured as part of the provider's annual review of the centre. Examples of comments in the most recent report included, "...looks great and appears to be happy", and "thankful for work done with ...and the care they receive".

In summary, residents were busy and had things to look forward to. They were

supported to spend time with their family and friends and work was ongoing to support residents to develop and achieve their goals. Staffing numbers were improving in the centre, as was continuity of care and support for residents. The provider was aware of the areas where improvements were required and taking the required actions to bring about these improvements.

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

Capacity and capability

Overall, the findings of this inspection were that the provider was self-identifying areas for improvement and implementing actions to bring about improvements in relation to residents' care and support and in relation to their homes. Following a period of time when there were not sufficient numbers of staff employed to meet the number and needs of residents living in the centre, the provider was now focusing on planned quality improvements.

As previously mentioned this risk based inspection was completed following receipt of both solicited and unsolicited information. The solicited information related to allegations or suspicions of abuse, and the unsolicited information related to concerns received by the Chief Inspector relating to areas such as residents' care and support, safeguarding, staffing numbers, staff training, and positive behaviour support. A provider assurance report was issued to the provider prior to this inspection and the actions outlined in this were verified during the inspection.

Overall, the findings of this inspection were that the provider was aware of areas for improvement in line with the concerns raised to the Chief Inspector and were in the process of implementing the required actions to bring about these improvements. For example, after completing compatibility assessments and as part of their plans to support residents to transition to different houses within the centre, the provider had applied to reduce the registered bed numbers in the centre since the last inspection. This was found to have a positive impact in terms of reducing the numbers of people living in the centre, reducing safeguarding risks, and in terms of staffing availability to support residents.

This inspection was facilitated by the person in charge who was in post a little over a year. They had the qualifications, skills and experience to fulfill the role and were found to be focused on quality improvement projects. They were motivated to ensure residents were well supported and engaging in activities they enjoyed. They reported to a person participating in the management of the designated centre who was present in the centre regularly, identifying areas of good practice, and picking up on areas where improvements were required. They were also found to be knowledgeable in relation to residents' care and support needs and motivated to

ensure they were happy and safe in their homes.

There has been a number of recent changes in relation to the reporting structures in the centre. This included the addition of five local managers responsible for the day-to-day management of the houses. There were also two team leaders in place who were responsible for the day-to-day oversight of the centre. The inspector had an opportunity to meet and speak with both team leaders, the five local managers, five staff, and one volunteer over the two days of the inspection. They were each found to be aware of their roles and responsibilities and aware of who to escalate any concerns they may have in relation to residents' care and support, or in relation to the premises or management of the centre. They each spoke about how well supported they were in the roles.

There were 10 volunteers in the centre at the time of the inspection and they were available to support residents to engage in activities and outings. A number of new staff had started working in the centre in the weeks before the inspection and were being supported to settle into their roles by the local management team. A number of staff spoke with the inspector about times in the months before the inspection when full-time staffing numbers were low. They spoke about how hard they had worked to make sure residents were happy and safe. They spoke about all the things residents had done and all the places they had been but reflected on how the documentation to demonstrate this was sometimes not in place due to staffing shortages.

While it was evident that every effort was made to ensure continuity through the use of regular agency staff, due to the volume of shifts that needed to be covered this was not proving possible. A number of staff spoke about how well supported they were by the local management team during these times, and spoke about their plans to support residents to develop their goals and engage in more meaningful activities now that staffing numbers had increased.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They were full-time and present in the centre five days a week to support residents and staff. A number of residents and staff were complimentary towards the support they received from the person in charge. A number of times during the inspection, the inspector observed residents come to the main building looking to chat with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

A significant number of interviews had been held in late 2022 and in 2023 and the provider had successfully recruited a number of staff. Just prior to the inspection eight staff had been successfully recruited and had started working in the centre, and two more staff were due to start the week after the inspection. Two staff vacancies remained and the provider was in the process of recruiting to fill these.

While it was evident that the provider had made every effort to ensure continuity of care and support for residents there a large number of different agency staff covering shifts in the centre. However, the number and frequency of shifts covered by agency staff was decreasing week on week. For example, in the first week in June there were 1,318 hours covered by agency staff, and in the week of the inspection 396 hours were covered by agency staff. There was due to be a further reduction the week after the inspection as two new staff were due to start working in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the provider's policy and residents' assessed needs. The provider was in the process of training additional staff in relation to residents' specific healthcare needs, in order to ensure that there were enough staff available to support them. A small number of staff required refresher training and the inspector was shown the training plan with dates that staff were booked onto these trainings, just after the inspection.

A number of staff had completed human rights training and the inspector had the opportunity to speak with one staff about the impact this training had on their day-to-day practice. They said it had changed how they thought about their roles and responsibilities especially when it came to supporting residents to make decisions and choices in their lives. They also discussed how the training highlighted the importance of knowing residents' communication styles in order to support them to understand their choices and inform their decisions. For example, they spoke about developing social stories for residents to help them make choices and using pictures and the computer to show residents options of activities they could choose to engage in. They also spoke about supporting residents to understand the complaints procedure during keyworking sessions. They also spoke about supporting other team members to understand capacity and informed consent after completing the training.

Staff were in receipt of regular formal supervision. From reviewing a sample of staff supervision records it was clear that the increase in full-time staff was starting to have a positive impact on the staff team. The challenges they had faced during staff shortages were reflected in their supervision records, as were the supports that had been put in place by the local management team. There was a supervision schedule in place to ensure that each staff was in receipt of regular formal supervision for the

remainder of 2023.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. Monitoring, oversight and support for residents and staff have improved since the last inspection. In addition to the person in charge there was now two team leaders, and five house managers. Now that staffing levels had improved, there was a clear focus on quality improvement in the centre.

The provider's six-monthly and annual reviews were picking up on areas for improvement in line with the findings of this inspection and there were action plans in place with clear timeframes. There were systems in place for the review and follow up of incidents. Documentary evidence was attached to incidents to show the actions taken, and there was evidence that learning following these reviews was shared across the staff team.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and it was available in a user-friendly format. It was displayed predominantly in the centre. Residents and family were being made aware of, and using the complaints process in the centre. Records were maintained in the centre and from reviewing a sample, they were well-managed and resulting in improvements in relation to residents' care and support.

Judgment: Compliant

Quality and safety

From what the inspector observed, was told, and from what was reviewed in documentation, it was evident that every effort was being made to ensure that residents were in receipt of a good quality and safe service. Improvements were being made in relation to continuity of care and support for residents. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities they enjoyed in their local community.

Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services, and to take part in activities in their local community in accordance with their interests.

There were weekly maintenance meetings with members of the maintenance team, the Chief Executive Officer and the persons in charge. A number of improvements had been made in the centre since the last inspection including repairs, and painting and decorating in a number of areas. However, as previously mentioned a report by an external consultant had shown that significant works were required in two of the premises which were joined together. These works will be further detailed under Regulation 17.

Residents had an assessment of need and personal plans in place. However, some documents were not being reviewed and updated regularly. Folders in the houses were not found to have the most up-to-date information to guide staff practice while supporting residents. Residents had their healthcare needs assessed and for the most part care plans were developed which clearly guided staff practice. However, there was an absence of care plans for some identified healthcare plans. Residents were involved in the development and review of their plans, and were accessing the support of allied health professionals in line with their assessed needs. Additional referrals had also been made to support a number of residents to access healthcare professionals in line with their assessed/changing needs.

There were a number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. These plans were being regularly reviewed and updated.

Residents were also protected by the polices, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities

should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required. There had been a high volume of allegations and suspicions of abuse in the months before the inspection and the provider had responded by completing assessments and supporting 11 residents to move to different homes within the centre.

Regulation 17: Premises

There was good oversight of the required maintenance and repairs in the centre. A number of works had been completed since the last inspection, and more were planned. For example, grouting was required in a number of bathrooms, some more painting was planned, and works were due to be completed in a number of bathrooms in relation to ventilation.

The report commissioned by the provider for two of the premises which were joined together, found that significant works were required. Some of these works were recommended for completion within one year and the others between two and five years. The works included;

- Works to the roofs;
- Repair of the external walls of the buildings;
- Works to the floors in a number of areas;
- Upgrades to the heating system;
- The installation of new windows and doors;
- Electrical works;
- Bathroom refurbishments.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

As previously mentioned, 11 residents had been supported to transition to different houses within the centre, and one resident had transitioned to another designated centre. Each resident had a compatibility assessment and a transition plan completed. Residents were part of the transition planning and their representatives were kept informed. Independent advocacy services and the Health Service Executive were also consulted about the transition process.

Pictures and easy-to-read documentation was used to support some residents with the transition process. This included pictures of their new home, and of who they would be sharing their home with. Community mapping and discovery was completed with one resident who transitioned out of the centre, and they were supported to visit their new home.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practices relating to medicines management in the centre. There had been a trend of incidents relating to medicines management in the centre and the provider had responded by implementing a number of additional controls including additional training and competency assessments for staff. These had resulted in risk reduction and a decrease in incidents. Staff who spoke with the inspectors were knowledgeable in relation to their roles and responsibilities relating to medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plan in place. However, from a sample reviewed some residents' plans were found to contain conflicting information, or information which was not up-to-date or clearly guiding staff practice. Some documents had been reviewed and updated; however; the old documents had not been archived. The inspector acknowledges that some documents were updated and shown to them on the second day of the inspection.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Support plans were developed for residents and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices.

Staff had completed training to support residents in line with their assessed needs. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required.

Staff had completed training in relation to safeguarding and protection, and those who spoke with inspectors were knowledgeable in relation to their roles and responsibilities.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0038940

Date of inspection: 18/07/2023 and 19/07/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The recruitment of staff is an ongoing process. • Online Recruitment database is refreshed weekly to ensure the positions available are being advertised appropriately. • The use of Agency staff is minimal. • The agency staff used by Dunshane is fully compliant with schedule 2 documentation. • Regular agency staff are used in Dunshane to assist with the provision of consistency and continuity to support CMSN.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Following a stock condition survey in March 2023 CCoI sent a proposal including costings to the HSE for consideration. The HSE responded that there was no capital to meet the costs of the required works. • CCoI are committed to reducing the capacity of the designated centre by devising a de-congregation plan which will reflect more personalised living arrangements based on CMSNs will, preference and needs. • CCoI will be conducting a review to explore capacity both internally and externally for living arrangements/vacant properties that is suitable to CMSNs needs. • CCoI will be conducting a range of preferred living assessments and supported living	

assessments with CMSNs to establish will and preference.
• CCoI have engaged BB7 Contractors to conduct a cost analysis for the conversion of Teach Na Greine into a designated centre as an interim measure.
• CCoI to engage with Kildare County Council upon the completion of the BB7 works.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• A work plan has been devised for the implementation of a new sweep of CCoI standardised documentation to be put in place for each CMSN. Documents include an Individual assessment of needs and wishes and a comprehensive support plan.
• Referrals for OT, psychiatric services and SLT where appropriate will be sought via GP referral.
• Consultation with CCoI Behavioral Clinical Support Office and CCoI Medical Clinical Support Office throughout this process to ensure dual diligence.
• Monthly "care and support" audit on the annual schedule of audits to be completed by the PIC where a sample of care files will be selected for audit on a monthly basis. Where actions are identified they will be assigned to the appropriate member of staff where PIC will have full oversight.
• Robust six monthly Provider unannounced audits are conducted where care files are audited.

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.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/04/2024

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/04/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2023
Regulation 05(4)(a)	The person in charge shall, no	Not Compliant	Orange	30/11/2023

	later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	30/11/2023
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/11/2023