



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

Issued by the Chief Inspector

Name of designated centre:	MooreHaven Centre (Tipperary) DAC
Name of provider:	MooreHaven Centre (Tipperary) Designated Activity Company
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	13 November 2023
Centre ID:	OSV-0003723
Fieldwork ID:	MON-0032866

About the designated centre

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

The designated centre is located in a large rural town. It provides residential care for adults over the age of 18 years. The centre provides supports to full-time residents both male and female with an intellectual disability and autism. Respite support can be afforded to one service user at any one time. The centre is comprised of four dwellings in close proximity to local amenities and facilities within the town. The service operates on a 24 hour, seven days a week basis with staff present by day. The four dwellings had one staff member allocated by day and all four had one sleepover staff by night. One resident required one to one staff support and this resident had a designated staff allocated to them by day and a waking staff member by night which was supplementary to the allocated staff member referred to above. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room, a bedroom for staff and a bedroom en-suite. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room and a bedroom. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One of these bedrooms was the staff sleepover room. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen, a bedroom for staff and a bedroom en-suite, 4 bedrooms and a bathroom. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen / dining room and utility room, a bedroom for staff, 5 bedrooms and 3 bathrooms. All dwellings had front and rear gardens. The staff team was supervised by a person in charge who was a social care leader. The staff supporting residents were social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 13 November 2023	11:15hrs to 18:00hrs	Tanya Brady	Lead
Tuesday 14 November 2023	08:30hrs to 13:00hrs	Tanya Brady	Lead
Monday 13 November 2023	11:15hrs to 18:00hrs	Conor Brady	Support
Tuesday 14 November 2023	08:30hrs to 13:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

Overall the inspectors found that residents were happy and well cared for in this service. A good and safe service was in place and the residents told the inspectors that they liked where they lived and were well supported by a committed and caring staff team. However, significant improvement was required in the operational resourcing and strategic governance of the service to ensure it could continue to provide a safe and person centred service to all residents.

The impact of the lack of resources available, in particular staffing resources, resulted in a centre that relied on the collective management of residents on a day to day basis. Inspectors found that while residents enjoyed activities and outings these needed to be planned well in advance and residents were often being collectively bunched together in groups for the most part.

This centre was last inspected in February 2023 as a risk based inspection. This was completed as follow up to previous findings of concern identified in September 2022. While improvement was found as part of that inspection, the inspectors also found non-compliance with the Regulations in relation to staffing levels and the individual assessed needs of residents not being in place to inform staff resources.

Previous assurances were given by the registered provider, however adequate progress has not been made in some of these areas.

The inspectors met with 18 of the 19 residents who lived in this centre over the course of the two days with each inspector spending time in all of the houses to observe care practices. Residents were aware that the inspectors were visiting and were happy to sit and talk about their home and how they lived their lives. Residents told inspectors that at weekends they take turns to decide what to do or where to go with one resident having the choice per weekend. They talked of how they all go to the day centre every day and the inspectors observed everyone in the morning in each house getting ready for the vehicle to collect them.

One resident had a planned trip to a Christmas market with a staff member in a few weeks time and they showed the inspector some Christmas presents they had bought for family and friends. Two residents had pet goldfish and one explained to the resident that they loved animals and had laminated pictures of interesting animals on the bedroom door. Some residents loved to knit and they showed the inspector toys and objects that they had made. In one house the individuals who lived there talked of the sporting activities they competed in and how they attended Special Olympic clubs during the week., They were all going to go away for a night together to attend a floor-ball tournament.

As this inspection was announced, the residents' views had also been sought in advance of the inspectors arrival via the use of questionnaires. The inspectors reviewed 23 questionnaires, 19 from residents and four from their family or

representative. All residents who completed the questionnaire stated that they were happy in their home. One resident commented that they 'sometimes I don't get on with the people I live with but staff help me to use other rooms in the house to get space' this was echoed in a family response that stated 'sometimes there are personality clashes'. Residents commented that they liked going to visit family and looked forward to visits. Residents spoke about watching television and having space to spend time on their own.

Residents commented that they liked the staff that supported them, and they were happy with staff. One resident outlined that they could go on the public transport and liked that. They also said that they liked when staff explained about work that may happen in their home so they could be prepared such as getting new shower doors. Another resident said that their room had been painted recently and had a new fire door and they thought this was good.

Residents were observed by inspectors in the evening times in front of a warm fire in a very relaxed and homely environment.

Morning routines were observed to be a much busier time with staff under pressure to provide care and get everyone out onto buses. A day services staff had recently been seconded to one house for 1 hour in the mornings to make things more manageable as there was high levels of personal and intimate care required in this centre. Some elderly residents were observed to be upset leaving their home and others had stated they wanted to retire from Day Services but still attended most days. Inspectors found that this needed to be reviewed in terms of residents changing needs, wishes and preferences, but also in terms of the strategic governance of the service and the allocation and management of staff resources in the service i.e. the consideration of wrap around services for residents with changing needs.

Capacity and capability

Overall findings from this inspection were that while residents reported they were happy and that they felt safe many aspects of the service were found to be led by the routine and resources (and lack of) of the centre rather than by the residents and their support needs.

The provider and person in charge had identified that residents needs were and had changed and that review was needed of the resources required to ensure that residents were kept safe and their assessed needs were met.

This inspection found that the provider had not completed a robust review of needs to inform resource requirements but had updated a previously submitted business case that did not appear to be based on the change in the current profile of residents. This inspection found, that improvement in provider level oversight arrangements were required in order to ensure they were meeting resident needs

and rights.

The person in charge has been working in this centre for a number of years and on the day of inspection due to gaps in the provider's management team, were found to be fulfilling a senior management role, in addition to the person in charge role. While they were found to be very knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life they required additional support.

The person in charge was regularly visiting the houses monitoring quality of care and support for residents. They were supported by four team leaders, one per house, however their protected hours to allow them to complete oversight tasks had not been increased as had been outlined by the provider in their last compliance plan. This resulted in a significant administrative burden on the person in charge. Inspectors acknowledge that the person in charge and team leaders were motivated to ensure residents were happy and safe in their home however the resource deficits meant that they were curtailed in the actual supports they could offer to residents to make choices in relation to their day-to-day lives.

Furthermore improvement was required in the resourcing and strategic governance of the service to ensure it could continue to provide a safe and person centred service to all residents. In addition to the over reliance on the person in charge role, an integrated service manager was also seconded into another role so this post was vacant which was impacting on the overall services governance capacity and capability.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of registration of this centre in line with the requirements of the Regulation. Some documents required review such as the statement of purpose however, the provider completed these and had the documents updated prior to the end of the inspection.

Judgment: Compliant

Regulation 15: Staffing

At the previous inspection of this centre, the level of staffing support available in this centre in order to meet the assessed needs of residents had been found not compliant. Previous inspections had also identified that this required review. The provider had informed the Chief Inspector of social services that they planned to address this by submitting an application to the funder of their service to allow for increased staff support.

The inspectors found that a funding application had been made in September 2022 and again in February 2023 and these applications were reviewed at that time. However, at this inspection the position remained unchanged and while the provider had allocated one additional hour a day in one house to support a resident with personal care this was not sufficient to meet all residents current presenting needs. Where a resident lived in another house in a part time capacity there was for example reportedly no formal funding arrangements in place and it was unclear what the assessed staffing needs for this resident and all others actually were, as these had not been reviewed.

Inspectors acknowledge the staff team in place were consistent, kind, familiar with the residents needs and very caring.

It was not possible however, for the staff team to support residents in individual activities nor in creating an environment that was responsive to the needs of individuals as they were required to support as many as four or five residents at a time. This staffing arrangement was reflected in the substantial use of group activities and formalised day services rather than an availability of individualised or wrap around services that reflected an individuals needs.

A sample of staff files were reviewed by inspectors and found to contain all information as required by Schedule 2. Staff files were also available and maintained for staff who covered ancillary hours or who were relief staff.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider and person in charge were ensuring that staff present had the required competencies and skills to support them in carrying out their role effectively. The staff team were found to have a high uptake of training and refresher training and attendance at these was facilitated by the provider. The person in charge operated a system of oversight of staff training and identified in advance when a staff member required refresher training.

The person in charge had completed a staff training and development needs analysis for 2024 and this had allowed for staff training courses to be planned in advance. In addition all staff were in receipt of formal supervision and support by the team leaders based in each house or from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The provider had lines of authority and accountability and a structure for governance and management identified and outlined however, due to changes in staff personnel not all positions were currently filled. This had resulted, out of necessity, in an altered and reduced management structure which weakened the stated governance plans and strategic direction of the organisation.

There was an over reliance on the presence of one individual, the person in charge to fulfil multiple roles and in their absence there was not robust contingency plans in place given the lack of protected time for team leaders and only one other individual in a management position within the provider's structure supporting residential services. This needed to be reviewed and improved.

As a result the inspectors found that the gaps in the management structure had hampered the strategic plan previously presented to the Chief Inspector by the provider during the February 2023 inspection. Stated actions for improving the resourcing and integration of the service presented had not been achieved. In addition, the ability of the provider to meet stated objectives outlined in the statement of purpose that of 'providing a living environment that as far as possible replicates residents' previous life-style' or 'to respond to the ever changing needs of our customers' could not be met.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider and person in charge had ensured that all residents had a contract in place for the provision of service which outlined the charges/fees that may be incurred by residents. It was not clear however, that the agreement had been reviewed to ensure it provided for or was consistent with residents' current assessed needs and their associated personal plans.

The contract in place for one resident in particular required review. The contract was found to reference a respite service which was not offered in the centre and the charges associated with respite were applied and these were not explicit where a resident availed of the service in a part time capacity.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and this was reviewed by inspectors. The Chief Inspector was not notified however, of the occurrence of all incidents in line with the requirement of the regulations. This

related to the occurrence of minor injuries required to be returned on a quarterly basis.

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. The current policies were made available to staff and had been reviewed by the provider as required.

Judgment: Compliant

Quality and safety

Overall residents were provided with a good quality and safe service. Residents and families were happy with their service and a committed staff team was delivering good care and support to the residents.

Inspectors observed some very good care practices in this centre. Residents were observed to be provided with a good, homely and safe service.

Residents presented as well cared for and happy. Areas of premises, risk management, medicines management, resident general welfare and development were all being well managed and found to be compliant with regulations.

Furthermore the provider had made very good progress in the area of fire safety whereby external auditing had taken place by a competent person and a number of corrective actions had been undertaken such as moving oil/kerosene tanks further away from houses, improving fire containment measures, putting emergency kits in all houses and improving evacuation times and procedures.

Inspectors found further improvements were required in the areas of safeguarding investigation and the completion of comprehensive individual assessments of need that clearly outline each residents care and support needs.

Regulation 13: General welfare and development

Residents were observed to have a good quality of life and good levels of activation. Residents spoke to the inspectors about going to the day service, Special Olympics ,

shopping, going to shows, music and sports events.

Residents were met in their homes and were proud of their houses showing inspectors pictures and discussing activities that they enjoyed. Fires were lighting in the houses in the evening time which was warm and homely and residents told inspectors that they were looking forward to Christmas. Residents spoke about going to rugby games and supporting their local football club and having their own seats/area to watch games and had all the club kit to wear to matches. Overall residents were very happy and presented as having a good quality of life.

Judgment: Compliant

Regulation 17: Premises

This centre comprises of four houses set in residential areas in close proximity to a large town in Co. Tipperary. Two of the houses are purpose built single storey properties located next to one another. The other two properties are two storey houses located in small housing estates. Since the previous inspection of this centre the provider had completed some premises works and more was scheduled for completion such as painting and minor repairs. Residents spoke of recent changes to their home such as new doors, painting, new furniture and upgrades to bathrooms.

Inspectors found that the houses were homely and personalised for the individuals that lived there. In the evening the living rooms had fires lit and residents were observed relaxing and comfortable in their preferred spaces. In one of the houses there was a malodour present in one of the bathrooms and this was for review by the person in charge and staff team.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

There was evidence that new risks were added to a risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed. While, inspectors found no identified individual risks for a resident who lived part time in the centre this was in line with the actions under residents personal plans

and as such is reflected under Regulation 5.

Judgment: Compliant

Regulation 28: Fire precautions

This was an area that the provider had prioritised as requiring focused actions since the previous inspection. The provider had contracted an external specialist to assess the premises that make up this centre and had completed actions identified as required.

The inspectors found that the specialist fire expert had completed review of the completed works and there were written letters of fire compliance available for all houses. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, with one exit door having been widened to allow for alternative means of evacuation such as use of a bed and emergency lighting was also present.

The centre evacuation plans were current and regularly reviewed. Each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency. Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine practices were reviewed across the houses and inspectors found good practices regarding the management, prescription, administration, collection, storage and disposal of medicines. All records and stock checks tallied in terms of daily and PRN (as required) medications. Residents were observed to be supported with their medication in a caring and respectful manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plans in place. For the most part where they related to personal care, personal plans were comprehensive in nature. However, they did not comprehensively detail the resource requirements to

maximise residents personal development and quality of life. For example, staff support and supervision requirements.

The wording and documenting of plans required review as it was not evident that residents' health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage. For example one resident's goal was to go to a concert, and the steps to achieving this were stated as the staff will 'choose a concert that is suitable'. Further goals were set for residents that were reliant on the day services for completion and records for one reviewed stated 'check with day service - not enough staff to facilitate this goal'. Hence a better standard of integrated goal setting and achievement was required as opposed to a separatist approach.

Resident's plans were subject to regular review, however, it was evident that interventions did not always consider their rights. Residents for example did not choose whether to attend a day service or not and there was limited flexibility for them to direct their daily activities. Where one resident requested to attend day centre only three days a week the hours were instead reduced over five days as an alternative with this request recorded as closed. In addition, this reduction in hours was blanket applied to all residents in that house in order to manage the staff support arrangements. It was not clear what if any consultation occurred with all residents regarding this change as it was implemented to try and meet the needs of one resident.

Inspectors found that residents needs had to fit into the service as opposed to service been delivered to fit residents needs, wishes and preferences. This required review at provider level.

Judgment: Not compliant

Regulation 8: Protection

Residents were found to be safe and well protected on the inspection days and residents told inspectors they felt safe and secure in their homes and with the staff supporting them. Residents identified the team leaders and person in charge as who they would go to if they had a problem or ever felt unsafe. Residents told inspectors that they felt listened to and supported.

Inspectors reviewed all safeguarding documentation, support plans, allegations and disclosures in respect of this centre. In the case of one disclosure/allegation, inspectors found a lack of appropriate investigation on the part of the service. Whilst this disclosure was recorded and reported/notified to the HSE Safeguarding Team and the Chief Inspector, it had not been subject to appropriate or robust safeguarding investigation, follow up and/or corrective actions. This required improvement in terms of the providers response, recording and responsibilities in terms of the investigation and management of safeguarding allegations/disclosures

from residents in their care.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for MooreHaven Centre (Tipperary) DAC OSV-0003723

Inspection ID: MON-0032866

Date of inspection: 13/11/2023

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:</p> <ul style="list-style-type: none"> - To support a more person centred and individualized approach to the service, a wraparound service will be commenced. This entails the resident’s day service being provided from their home where they can take part in activities of their choosing. This will be completed by 29th Feb 2024. - There continues to be ongoing negotiation with the services funder to secure the funding required to provide the staffing resources as per the business cases submitted. The board of management have advised that failure to secure this funding will result in the services refusal to sign the service arrangement with the funder in 2024. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - The recruitment process for the position of CEO has been advertised and it is proposed that following a successful recruitment campaign the new CEO will have commenced in their role by 30th April 2024. This enables the reinstatement of the ISM position in its full capacity. - To reduce the administrative burden on the person in charge the team leaders in each location have been assigned additional protected administration hours. - Following registration of the designated centre the provider will further reduce the administrative burden of the person in charge by submitting an application to vary the designated centre to reduce its size. The application will be submitted by the 30th April 	

2024.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> - All contracts of care will be reviewed and updated to reflect the resident's current assessed needs. This will be completed by the 29th February 2024 - All contracts of care will be subject to a three year review or reviewed where required. This will be completed by the 29th February 2024. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> - All notifications will be submitted appropriately including all NF39Ds. This will be completed by the 31st January 2024. 	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> - A comprehensive assessment of needs will be carried out for each resident, to ensure that the assessed needs of each resident is addressed. This will be completed by the 31st January 2024. - Staff training and development workshops will be carried out with all residential staff to ensure that a human rights-based approach is conducted in relation to the documenting of all plans, in an accurate and respectful manner. This will be completed by the 31st January 2024 - A guidance document will be developed to support staff with ensuring that resident's health and social care needs are developed through a person-centered approach. This will be completed by the 31st January 2024 - Update of the PIC quarterly and registered providers reg 23 audit will be carried out to ensure that all documents are recorded accurately to reflect the quality of the service being provided and reflects a person centered approach. This will be completed by the 31st January 2024. - Where one resident's preference was to attend their day centre three days a week, their current wishes have now been accommodated in full for them. The previously mentioned wrap around service will further ensure that any changes to these wishes will be accommodated. - Consultation will be under taken with the other residents, to gather information in relation to their preferences for their day service. This will be completed by the 31st 	

January 2024. The previously mentioned wrap around service will support these preferences to be accommodated.	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> - The services safeguarding policy has been updated to include a robust investigation process at management level. This was completed on the 5th December 2023. - Safeguarding meetings will continue to be held at senior level and with the safeguarding social worker in CH05, going forward the outcome of these will be noted and tracked on the internal system. This will be completed by the 31st December 2023. 	

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	29/02/2024
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	30/04/2024
Regulation 23(1)(b)	The registered provider shall	Not Compliant	Orange	30/04/2024

	ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	29/02/2024
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed	Not Compliant	Orange	29/02/2024

	in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/01/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2024
Regulation 05(6)(b)	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 conducted in a manner that ensures the	Not Compliant	Orange	31/01/2024

	maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Not Compliant	Orange	31/01/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/12/2023