



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

Issued by the Chief Inspector

Name of designated centre:	Bethel House - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	27 March 2023
Centre ID:	OSV-0003728
Fieldwork ID:	MON-0030355

About the designated centre

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

Care and support is provided in Bethel House for up to six adults with an intellectual disability. The centre comprises of two units located within a large building on a campus based service located in North Dublin. Up to six residents can be supported in the first unit Bethel House, and one resident can be supported in the second unit. Each unit has areas designated as resident bedrooms, some of which have ensuite bathrooms. There are sufficient bathrooms and shower facilities available for residents. There are also kitchen and laundry facilities available and a number of communal areas. Residents are supported 24 hours a day, 7 days a week by a staff team led by of a person in charge. Clinical nurse managers, staff nurses, care staff and household staff are available to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 27 March 2023	09:20hrs to 14:20hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform the registration renewal of this designated centre. In late 2022 the registered provider had applied to vary Conditions 1 and 3 of the registration of this designated centre to change the number of registered beds and the footprint of the centre. This application was made as part of their de-congregation plan to facilitate the closure of a designated centre on the campus. In line with the findings of the last inspection, the inspector of social services found that the steps taken by the provider to renovate this centre, and to close the other centre had had a really positive impact on the lived experience of the majority of residents living in the centre. However, the living accommodation for one resident remained unsuitable. The provider was aware of this and had submitted a service plan to the Chief Inspector of Social Services with timelines for the development of a self-contained apartment which was linked to an additional restrictive condition of the registration of the designated centre. Overall, residents were in receipt of good quality and person-centred care and supports. Although the number of staffing vacancies had increased in the centre since the last inspection, continuity of care and support had improved for residents.

During the inspection the inspector had an opportunity to meet and briefly engage with the six resident living in the centre. In line with their communication needs and preferences, residents did not verbalise their opinions on care and support in the centre. As a result the inspector used observations, discussions with staff, and a review of documentation to find out what supports were in place for them. At all times during the inspection residents appeared both comfortable and content in their home, and with the supports offered by staff. They were dressed in line with their preferences and some residents had jewellery, hair accessories, make-up and perfume on.

The centre is comprised of two units within a large building on a campus in West Dublin. Since the provider completed renovations, entry to one unit from the main building has now been blocked off. On arrival, to the first unit the inspector was brought to a hall table which contained the visitors book and personal protective equipment (PPE). In line with the findings of the last inspection the renovations that had been completed in this area of the centre had been done to a very high standard. The hallway was warm, welcoming, spacious, and flooded with light. The building appeared very comfortable and homely. In late 2022, residents had transitioned from a large congregated setting where the majority of them had slept in dormitory-style accommodation. Each resident now had their own bedroom, and either an en-suite bathroom or access to their own bathroom close to their bedroom. Their bedrooms were personalised to suit their tastes. They had their personal possessions on display and plenty of storage for their personal belongings. Residents' family photos and art work were on display throughout the unit and these contributed to how homely and comfortable it appeared. The inspector observed a calm and relaxed atmosphere throughout the inspection.

Residents had televisions, radios, dressing tables and mirrors, and other personal items in their rooms. Considerable work had gone into designing areas to meet residents' specific needs. Adaptations had been made to the premises to ensure it was accessible to everyone living there. For example, ceiling hoists had been installed in some bedrooms and bathrooms, and there were accessible shower rooms. Residents had access to plenty of private and communal spaces within both units. There were numerous seating areas away from the main living areas where residents could spend time alone, or with their family and friends. They also had access to outdoor spaces and garden furniture.

In the second unit a number of maintenance works and painting had been completed since the last inspection. While these works had contributed to the area appearing more homely it remained the case that the unit was not designed and laid out to meet the residents' needs. The provider had deemed that it was not suitable to meet the residents' needs. The resident had access to a bedroom, a number of communal spaces, and to a number of bathrooms. However, these areas were situated in a largely unused portion of a large building on the campus. Their space was decorated in line with their wishes and they had access to a large industrial-style kitchen. Staff prepared some meals and snacks for them and they got some meals from the central catering on the campus. They also had a fridge in their main living area with drinks, snacks and fresh fruit. Staff described the importance of the residents' involvement in every stage of the design, and development of their apartment. They described how the floor plans for the apartment had just been amended to ensure that they were fully meeting the residents' needs.

At lunchtime the pleasant smell of a chicken casserole met the inspector as they entered the kitchen in the first unit. One resident was in the kitchen with a staff watching while they chopped vegetables. The casserole was in the oven and potatoes and vegetables were cooking on the stove. There was a picture menu in place for residents which showed photos of meals which had previously been cooked for them in the centre. After dinner, plans were in place for residents and staff to bake and staff were observed to prepare the ingredients to make sure they had everything they needed.

During the inspection residents were observed to be supported by staff to spend time in their favourite areas of their home. For example, residents were supported to have a lie on, to spend time in the living room after breakfast listening to music, and to relax in the dining room while they watched staff prepare and serve their freshly cooked meal.

A number of staff described the positive impact that the move to the newly renovated premises had for residents. These included residents sleeping better and for longer, enjoying their meals, and getting out and about more in the local community. They also spoke about a reduction in noise levels, a more homely environment, more private spaces, and residents having an array of different experiences and choices in their lives.

At the time of the last inspection the provider was aware that residents' opportunities to engage in their local community needed to be explored further.

Since then staff had completed significant work on supporting residents to explore activities in line with their wishes and preferences. Once residents had tried new activities, audits were completed to measure how many activities residents were engaging in and what their level of enjoyment was. After this new goals were developed and plans put in place to continue to support residents to access their community in line with their wishes and preferences and to continue to try different activities. Some of the examples of activities residents were now regularly enjoying included, trips to the Zoo and botanical gardens, cooking and baking, trips on the train, shopping, and going to the beach. There was an action plan developed from the monthly audit of residents' activities. This action plan included plans for further exploration of local sites and parks, the promotion of residents' relationships with their family and friends, the importance of continuing to evaluate residents' activities to see if they found them enjoyable and meaningful, and the importance of staff recording why planned activities were cancelled.

There was an activity board available with pictures to support residents to choose what activities they wished to engage in. There were also pictures in residents' personal centred plans of them enjoying activities at home, in their local community, and of them reaching their goals. During the inspection, staff from day services came to ask residents if they wished to go to an aerobics session. Two residents were supported to attend this session. One resident was planning to go for a drive with staff and to go swimming. One resident had recently enjoyed a day trip to another county and was now planning their birthday celebrations. Two residents were due to go on an overnight stay in a hotel a couple of days after the inspection, and while they were away the other residents had plans for day trips.

The provider's annual review of care and support for 2022 captured input from residents and their representatives which was positive in nature. In addition to the providers surveys, residents had completed a questionnaire on care and support in the centre, in advance of this announced inspection. Five questionnaires were returned, four were returned by post and one was handed to the inspector during the inspection. Four were completed by residents' representatives and one resident was supported by staff to complete theirs. Feedback from these questionnaires was mostly positive with responses indicating that residents were happy with their home, with how they were supported to make choices and decisions, with how they were treated with respect and kindness, with how safe they felt in the centre, and with their access to activities and the arrangements for visitors.

There were picture rosters on display and picture menus in place. There were numerous folders with easy-to-read information available for residents with information on areas such as restrictive practices, infection prevention and control (IPC), managing your money, rights, feelings, health related information, grief and loss, the availability of advocacy services, complaints, fire, and falls. There was a "know your rights" folder which contained minutes of the local advocacy group's meetings, information on rights under the capacity act, and an easy-to-read handout on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Rights were discussed at residents' meetings in the centre and there were laminated cards available on residents rights with words and pictures on areas such as privacy, consultation, equality, choices, relationships, making a contribution,

and being heard and understood. the provider's charter of rights was on display in the centre.

In summary, residents' opportunities to participate in activities had increased since the last inspection. They were being supported to go shopping for food and personal items. They were being supported to make choices in relation to how, and where they wanted to spend their time. One premises was designed and laid out to meet residents' needs, but the other was not. Continuity of care and support had increased for residents since the last inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place 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 residents were in receipt of a good quality and safe service. The inspector found evidence of good oversight by the provider in terms of their audits and reviews. They were identifying areas for improvement in line with the findings of this inspection. As this inspection was being used to inform the registration renewal of this centre, the provider had prepared a service plan to inform an additional restrictive condition of the registration of this centre. This service plan outlined the timeframes for the completion of works to build a self-contained apartment.

This centre is based on a large campus in West Dublin which is made up of a number of designated centres, day service buildings, and a large multipurpose building. There is a central kitchen and the designated centres also have facilities to prepare and cook their meals. There are six designated centres on the campus and these are made up of 14 different houses or units with 76 registered beds. As previously mentioned, five residents living in this centre had moved from another centre on the campus as part of the provider's de-congregation plan. This had resulted in reduction of the number of designated centres on the campus.

The person in charge facilitated the inspection. They were found to be very familiar with residents' care and support needs and motivated to ensure that each resident was happy, well supported, and safe living in the centre. They were working full-time in the centre and were not counted as part of the staffing quota. Staff who spoke with the inspector were complimentary towards the support they received from the person in charge. The person in charge was supported in their role by a number of persons participating in the management (PPIM) of the designated centre and a service manager. In addition, there was also an out-of-hours on-call manager available to support residents and staff both day and night.

There were three staff vacancies in the centre at the time of the inspection. Despite this provider had made improvements in terms of continuity of care and support for

residents since the last inspection. At the time of the last inspection there were two staff vacancies and some occasions when there were not enough staff on duty to meet the number and needs of residents. However, from reviewing a sample of rosters, residents' personal plans and from speaking with staff it was evident that this was no longer the case. Due to these improvements in terms of the number of staff on duty, residents were found to have had increased opportunities to engage in activities they found meaningful both at home and in their local community. There were planned and actual rosters available in the centre. They were well maintained and contained the required information. A review of staff files was completed by an inspector in the provider's human resources department on 29 March 2023 and these files contained the information required by the regulations.

Overall, staff had completed training and refresher training in line with the provider's policy and residents' assessed needs. A small number of staff required basic life support and training to support residents to manage their behaviour. These staff were waiting for confirmation of a place on upcoming trainings. Staff were in receipt of regular formal supervision and support which was being completed by the person in charge. From a review of a sample of these supervision records, discussions were resident focused and supporting staff to be aware of and take responsibility for the care and support they were providing for residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They had a strong focus on person-centred care and were striving to ensure that the centre was managed in a way that avoids institutional practices. For example, they were focused on ensuring that residents were supported to have freshly made meals in their home daily, and to access activities they found meaningful in their community. They were working full-time in the centre and were not working as part the daily staffing quota in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were three staff vacancies at the time of the inspection and the provider was attempting to recruit to fill these. Staffing vacancies had increased by one since the last inspection. However, continuity of care and support had improved for residents as there were now two regular relief staff working in the centre, staff were completing additional hours, and a small number of regular agency were completing shifts as needed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a training policy and staff had access to training and refresher training in line with this policy and residents' assessed needs. Staff who required training or refresher training were awaiting dates for these at the time of the inspection.

There was a schedule in place to ensure that each staff had at least twice yearly formal supervision sessions with the person in charge. In addition, they had annual performance development reviews. The person in charge was available in the centre and in their absence there was an on-call manager available on the campus day and night. Staff who spoke with the inspector were complimentary towards the support offered by the person in charge, and local management team. Staff meetings were occurring regularly and staff told the inspector they would feel comfortable raising any concerns they may have in relation to residents' care and support to a member of the management team.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in the centre and it was found to be up-to-date and to contain the information required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff roles and responsibilities were clearly defined. There were systems in place to ensure that the provider had oversight and was monitoring the care and support for residents. For example, the six-monthly and annual review were capturing the areas for improvement that were identified during this inspection. They were aware that the building of the self-contained apartment for one resident needed to progress in order to ensure that they were living in a home that was suitable and meeting their needs, and were actively recruiting to fill staff vacancies. Overall, the centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of residents was being monitored on an ongoing basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Five of the residents in this centre had transitioned from another designated centre in late 2022. They had been supported to visit this centre and the provider had ensured that this centre was designed and laid out to meet their care and support needs. Each resident had a contract of care which clearly outlined the support, care and welfare to be provided in the centre. It also contained an outline of the services provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which contained the required information. It was being regularly reviewed and updated in line with the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and from the sample reviewed notifications were submitted to the Chief Inspector of Social Services as required, and within the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported by a staff team who were familiar with their needs and preferences, and they were supported to make choices in their lives. As previously mentioned, the providers' most recent six-monthly and annual review had picked up on a number of areas where improvements were required in line with the findings of this inspection.

Residents were supported to make choices and decisions in their lives and were supported by a staff team who were familiar with their care and support needs and motivated to ensure they were happy and safe in their homes. As previously mentioned one of the units was designed and laid out to meet residents' specific care and support needs and beautifully decorated and furnished; however, the other unit was not. The provider was in the process of building an apartment for the resident who lived in this unit, with building works due to commence in June 2023.

Overall, the two units were found to be warm and clean. Residents, staff and visitors were protected by the infection prevention and control (IPC) policies, procedures and practices in the centre. There were contingency plans in place for use in the event of an outbreak of infection. A robust system was in place in relation to IPC auditing, and the person in charge continued to discuss IPC with staff during formal supervision, and at staff meetings. Staff had completed IPC-related training and there were cleaning schedules in place to ensure each area of the units were cleaned regularly. There were areas in one unit where the design and layout of the premises did not allow for the resident to store some items appropriately and this was affecting the ability to clean and disinfect these areas, but this has been captured under regulation 17.

Staff who spoke with the inspector were aware of residents' current needs, and their preferences. The documentation in place was found to clearly guide staff practice. Their assessments of need and personal plans were person-centred and were being reviewed and updated regularly in line with their changing needs. Residents were found to be in receipt of appropriate healthcare. Their assessments clearly identified their healthcare needs. They were accessing allied health professionals in line with their assessed needs and were accessing national screening programmes in line with their age profile, healthcare needs, and preferences.

Regulation 11: Visits

The provider had a visiting policy in place and there was plenty of private and communal spaces in the centre for residents to meet their visitors. They could choose to meet their visitors in communal areas, or in a private area which was not their bedroom. There were no restrictions on visiting at the time of the inspection and there were procedures in place to complete risk assessments should there be an outbreak of an infection. There were also procedures to ensure that window or garden visits occurred, and for residents to communicate with their family and friends via alternative means such as phone or video call.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was in line with the centre's statement of purpose. As previously mentioned, one of the units was meeting residents' needs, but the other was not. It was a large space and it was situated in a largely unused portion of a main building on the campus.

The provider was aware that this unit was not 'fit for purpose' and were progressing the plans to build the self-contained apartment for the resident currently living there. Building was due to commence in early 2023, but delays reportedly beyond the control of the provider had occurred and the timeframe for completion of the project had changed. Building works were now due to start in June 2023.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were assessed and those who required it had the support of dietitians and speech and language therapists. Residents' preferences, dietary requirements, and the supports they required were documented in their personal plans.

The inspector had the opportunity to observe a number of mealtime experiences for residents. The environment was quiet and relaxed, mealtimes were not rushed, and residents were supported by staff in a kind and sensitive manner.

Meal planning was completed weekly at residents' meetings and there were photo menus available. Meals were prepared fresh daily in the house by the staff team,

and residents could get involved in shopping for, and preparing meals should they choose to. Alternatives were offered at mealtimes, and there were plenty of snacks and drinks available. The fridge, freezer and kitchen presses had many options for snack and meals. Mealtimes were observed to be at times that suited residents. For example, residents who chose to stay in bed had a later breakfast, and therefore a later lunch.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in the centre. It contained the information required by the regulations, and was available in an easy-to-read format. It included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be clean and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of need completed which clearly identified their care and

support needs. These were being updated in line with their changing needs. The outcomes of the assessment of need were being used to inform residents' personal plans. The sample of personal plans reviewed were found to be person-centred. They focused on residents' abilities and talents, the supports they may require, and their goals. Each resident had a person-centred-plan with their goals and aspirations for 2023. These included residents' goals and the steps and supports they needed to achieve them. They also included pictures of goals residents had already achieved in 2023.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted through diet, nutrition, and recreation. They were in receipt of person-centred care and had access to health and social care professionals in line with their assessed needs. Care plans were developed and reviewed as required. Residents hospital appointments and admissions were logged, as were their consultations with health care professionals. Residents were supported to access national screening programmes in line with their assessed needs, age profile, and their wishes.

Judgment: Compliant

Regulation 8: Protection

Residents are protected by the safeguarding policies procedures and practices in the centre. Staff had access to safeguarding training and those who spoke with the inspector were aware of their roles and responsibilities to record, report and follow up on allegations or suspicions of abuse. Safeguarding was a standing agenda item at residents' meetings and there was easy-to-read information on safeguarding available for residents in the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bethel House - Sonas Residential Service OSV-0003728

Inspection ID: MON-0030355

Date of inspection: 27/03/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will continue recruitment drives and interviews for recruitment of staff to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents.</p> <p>The registered provider shall continue to ensure continuity of care with the use of regular agency staff while employment drive and interviews are in progress.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Service plan for self-contained apartment was updated in March 2023. Construction will commence in June 2023 with expected completion of 10 months. Handover and occupancy will commence in April 2024 and expected handover to be completed by March 2025.</p> <p>The registered provider will ensure that the premises is designed and laid out to meet the needs of the resident, is of sound structure and kept in a good state of repair externally and internally and is clean and suitably decorated.</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.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/03/2025

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.	Substantially Compliant	Yellow	30/03/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2025