

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

## Issued by the Chief Inspector

Name of designated centre:	Lambourne Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	02 September 2025
Centre ID:	OSV-0004031
Fieldwork ID:	MON-0039369

## About the designated centre

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

This designated centre is located in North West County Dublin and provides community based residential services. The premises comprises two houses located in a suburban residential area. The centre provides single occupancy private bedrooms, with shared kitchen, bathroom and garden areas. One house includes a single apartment annexe. The centre is registered to provide care and support for up to seven adults with a range of support requirements related to their medical diagnoses, social care support needs and requirements related to communication, dementia, falls risk and positive behaviour support. There is a full time person in charge in the centre and a staff team comprised of social care personnel.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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## 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 2 September 2025	10:10hrs to 19:40hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with all seven residents in this designated centre, to speak with their support team and observe and talk about their experiences and opinions about this service and their support. The inspector also reviewed documentary evidence related to the residents including complaints and feedback, activities and personal goals, and guidance for staff to support them in their day, as evidence to indicate the lived experience of the residents availing of this service. In the main, while the inspector found that residents liked their home and were actively engaged in meaningful community, recreational and social opportunities, the residents' lived experience was being negatively impacted by a number of premises issues for which the residents had been waiting a long time to have resolved, as well as other factors including timely resolution of complaints and clinical reviews, and continuity of familiar staff support. Examples of these will be described elsewhere in this report.

This inspection was announced in advance which facilitated residents to participate in the inspection process and talk with the inspector about their experiences. As such, residents understood who the inspector was and why he was there, and were eager to chat to him and talk about their news. Residents had also been issued a written survey ahead of this visit, which all residents answered and these were hand-delivered by them to the inspector in a sealed envelope. Staff members on duty were present to support the inspector to understand some residents' communication styles.

In general, residents enjoyed a busy day in which they could pursue their hobbies, participate in their community, meet with friends and family, and take part in sports and social groups. Some of the residents were enjoying an active retirement, which included going to the shops, salon or pub independently or with staff. For planned events such as social groups and day trips, these residents planned them around the days that staff would be available as their peers were at day service. One resident showed the inspector a photo collage of trips to castles, concerts and hotel breaks. Another resident who was involved in sports and the Special Olympics showed the inspector their collection of medals. Some of the residents enjoyed working with their hands including knitting, embroidery and flower arranging. One resident showed the inspector their tapestry creations, and a picture of the large craft table they used in day service; they had requested the provider to support them to get the same table for the house to replace their own so they could work on their large tapestries and jigsaws. Residents were involved in dance groups and swimming clubs, and many of the residents attended different day services for a different number of days per week. One resident had been supported to change day service to be with peers more similar in age profile. Residents' active lives were important to them, with one resident telling the inspector that they would not be satisfied with being driven around with no destination.

Both houses were located in a residential suburb with local amenities within walking distance, and some residents were knowledgeable and comfortable to use their public bus routes. Each house had a bus for transport supported by the team. On the day of this inspection one of these house buses had been away for repairs for a month, and the interim arrangements had impacted on residents' ability to travel.

The residents told the inspector that they felt safe from abuse and liked the core staff team very much. Residents commented that it was important to them that they were supported by familiar staff who knew them and their needs well. One resident referred to a picture board of regular and relief staff who worked in the house and indicated who they liked working with and who they did not know very well. Some residents either required or strongly preferred to be supported by female staff only, and this was provided in the centre staff team. Some residents said they did not like some of their housemates, and appreciated having multiple communal areas in which they could spend time away from them. One resident lived in an annexe apartment with their own front and back door, private bathroom and living room, and loved the peace and independence this provided away from the main house.

The residents liked their home, with some having lived in their house and local area for decades, and others who had moved into this centre to be accommodated in a house without stairs. At the time of this inspection, two of the residents were engaged in a potential transition to other designated centres, and were being supported to visit the respective centres. The residents both understood that they needed to be happy with the move and feel comfortable to do so before they made any decisions. The staff team had identified essential requirements for the residents in their new living space, including ensuring that the female-only staffing arrangement remained, that one resident had space for their pet rabbit, and that residents would continue to enjoy their social outlets and regular Mass attendance. Some staff from this team would be spending time in the prospective centres to ensure that the transition was smooth and that residents were happy to stay there.

Residents indicated that the move was for the best as they had become anxious of their safety in this centre due to their increasing mobility support needs and a sloped driveway in their current home. The inspector observed one resident who stated they were scared of falling as they walked outside their house despite staff ensuring their wheelchair was nearby. The inspector also reviewed occupational therapy reports and spoke with staff and local management who indicated that this driveway was becoming more of a challenge for residents as their needs changed. Other accessibility issues were also highlighted by residents and staff which will be discussed later in this report.

Residents told the inspector that if they felt unsafe, disrespected or scared in the centre they could tell the staff, and told the inspector they understood that they had the right to be heard and to be treated with kindness and respect in their home, and to not tolerate otherwise. Residents had made verbal and written complaints in or about the service, and the inspector observed how these were being responded to or escalated as required. Two residents had open complaints on their dissatisfaction with the time it was taking to have their requests attended to. This included one

resident who had requested broken furniture be replaced, and one resident who was not happy with how long their emergency call bell was not working.

Residents had been supported to personalise their bedrooms how they liked, and had suitable space in which to store their belongings, display photos and set out ornaments and artwork. One resident enjoyed planting flowers in their outdoor space, and also grew rhubarb which the staff helped them cook. Residents had access to phones and tablets to watch videos, play music, and keep in contact with their friends and family. Some of the residents followed soap operas and staff knew when to ensure the television was free for them in the evening. The residents lived in a restraint-free environment with restrictions primarily present to prevent injury due to falls risk when moving, and the residents understood and were satisfied as to their purpose. There were no internal or external doors which residents could not open from inside, and residents had unrestricted access to household items. Residents were encouraged to optimise their independence and autonomy with their medicines and finances in accordance with their respective capacities and wishes.

Residents told the inspector about upcoming events they were looking forward to. One resident had recently celebrated a birthday and told the inspector about the dinner they had out and presents they got. Some residents and staff discussed social outlets or hobbies which had been tried which the resident did not enjoy and chose not to continue. Residents were registered to vote in their community, had participated in the last general election, and talked about the upcoming presidential election.

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 on the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013), and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. In addition, findings from this inspection contributed to the decision-making process for the renewal of the centre's registration.

In the main, the inspector observed the designated centre to be resourced with a knowledgeable front-line team and person in charge, who demonstrated good examples of how they understood residents' support needs and advocated for their wellbeing. However, contingency arrangements were observed to not be consistently effective in maintaining continuity of staff support, and in ensuring that

all residents' transport and equipment requirements were met when the regular transport and devices were unavailable.

The inspector was not assured that the provider was delivering on commitments made or implementing actions required following internal and external reviews in a timely fashion. A number of inspection non-compliant findings from previous inspections were observed again on this visit, and there was limited evidence available of formal plans and timelines for works to be completed. This included works required to protect the safety and autonomy of the residents. The provider was advised that further assurances would be required before a decision could be made on the application to renew the centre's registration and subsequent to this inspection, attended a formal caution with the office of the Chief Inspector.

#### Regulation 14: Persons in charge

The inspector met with the person in charge on this inspection, and reviewed documentary evidence submitted on their experience and qualifications. They worked full-time hours in their role with a portion of their hours protected for management duties. The person in charge was suitably qualified and experienced for their role and demonstrated good knowledge of their role and responsibilities under the regulations and the current risks and support requirements relevant to the centre and residents.

Judgment: Compliant

#### Regulation 15: Staffing

The front-line staff members who met with the inspector during this visit demonstrated a good knowledge of residents' personal, social and health care needs. Staff also demonstrated how they were advocating for the needs of residents and supporting them to have their voices heard. Residents told the inspector that they liked working with staff who were familiar with them and knew how best to support them with their needs. The arrangements of shift patterns had been changed to provide staff support during times residents had weekly plans or where there was a higher risk of peer incidents, and the inspector was advised that a business case was planned to attain more consistent staff resources on weekends.

The inspector reviewed worked rosters for a sample of five weeks and observed rosters to be clear on hours worked, leave days, swapped shifts and protected administrative time for the person in charge. The roster included notes for when contingency staff were required to ensure they were trained in medicine administration or could drive the vehicle. The inspector observed that the provider was striving to improve continuity of care for residents through the use of regular



relief staff, however due to the amount of shifts requiring cover this was not always possible. In one house across five weeks, the inspector observed 50 shifts requiring cover by 18 different agency and relief personnel, including a small number of days on which the centre was staffed exclusively by agency and relief personnel.

Through speaking with staff and residents and reviewing documentary evidence, the inspector was provided examples of how staff support by less familiar personnel impacted on the quality of service and resident support, including how this could be a trigger for responsive behaviours or peer to peer incidents, or had resulted in delays in complaints being logged or medication error occurring. Residents told the inspector it was very important to them that they were supported by staff who knew them well.

At the time of this inspection, the provider had one whole time equivalent (WTE) post vacant and two whole time posts affected by long-term leave. In addition, one core staff member was due to leave the centre in the days following this inspection. The provider advised the inspector that there were no staff yet recruited to fill the vacant posts, which carried the risk of further relying on contingency arrangements to fill shifts.

Judgment: Not compliant

## Regulation 23: Governance and management

The inspector found that the centre was resourced by a knowledgeable core team and person in charge, and sufficient overall staffing resources to ensure shifts were filled. However as described earlier in this report, the continuity of this support was not being consistently achieved for residents who required personnel familiar with them and their needs to effectively support them to engage in their routines and supports. The inspector observed evidence that the reliance on less familiar staff had impacted on the progress of support initiatives by the regular team. The centre had vehicle resources for each house, with one vehicle away for repairs at the time of the inspection. The inspector was provided evidence that staff had to phone around to borrow vehicles from other services and the process of collecting and dropping them back took time away from them supporting residents. This arrangement had not ensured that one resident had a suitable means of transport and they had missed a number of their community activities including their day service.

The inspector reviewed a sample of minutes from supervision and performance management meetings for four staff members. This included meaningful discussion on matters such as career development goals, progress with residents' objectives, and discussing new and ongoing risk. Among the sample reviewed was evidence that the person in charge was supervising the relief personnel who were regularly allocated to this centre, who were also invited to attend staff team meetings. The inspector observed examples of ad-hoc supervision or performance improvement

meetings held following identification of practices which were below the expected standard, to support the team members involved.

The inspector was not assured that the registered provider was progressing or completing actions identified to bring the service into compliance with the regulations, respond to identified risks, implement recommendations of the multidisciplinary team, or close out complaints raised by residents, in timely fashion. One resident had been identified as requiring a speech and language therapy assessment to support them in their communication needs, with the referral submitted in February 2025 and no indication of when this would be scheduled. An occupational therapy report conducted in January 2024 had indicated that one bathroom was not suitable to ensure resident and staff safety, with recommendations for addressing this, with no formal plan available for progressing this or ensuring suitable interim measures 20 months later. For an identified risk in safely navigating an outdoor path, the inspector was verbally told of solutions which had been considered, but observed no evidence of a formal plan in place to address this after multiple regulatory, physiotherapy and occupational therapy reports, and commentary from residents and staff, that this posed a safety concern. Residents told the inspector or submitted formal complaints to the provider about how they were unsatisfied with the length of time they had been waiting for aspects of their home to be rectified. One resident had an emergency pendant alarm which had not worked in three months, and another resident had been waiting more than two years to have broken wardrobes in their bedroom replaced.

The inspector reviewed the reports from the provider's own quality of service inspections in January and July 2025 and found these reports had not identified non-compliance in these issues and as such did not have specific and measurable plans set out to address same. For example, neither of these reports identified issues with the safely in navigating the premises or accessibility issues, despite multiple reports from the multidisciplinary team and commentary of the staff and residents on the subject.

A number of the non-compliant findings of this inspection were repeat findings from previous inspections in 2022 and 2021. These included non-compliance in the continuity of staff support and the safety and accessibility of the premises. The provider had not effectively returned to compliance with respect to the action plans and timelines submitted to the Chief Inspector.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The provider had notified the Chief Inspector of incidents and practices occurring in the designated centre. The provider had notified matters required under this regulation within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed records of complaints raised in or about the designated centre for 2024 and 2025. The logs contained details of the complaint, and a timeline of correspondence with the complainant and other parties to resolve the matter. For complaints which had been closed, the local complaints officer retained notes on how they were assured that the complainant was satisfied with the action. Where people were not satisfied with the outcome or where complaints had been open for an extended amount of time, they had been escalated to the next stage of review. Residents told the inspector they understood how to avail of the complaints process when they were not satisfied with aspects of the service.

Judgment: Compliant

### Quality and safety

The inspector observed that overall residents were supported to be active in their home and community with respect to their assessed needs, capacities, profiles and interests. The inspector observed good examples of how the provider and staff were encouraging and assuring residents to build or retain their independence, including in household tasks, self-medication, money, and community participation.

Residents were not subject to unnecessary restrictions, and where restrictions were active, their rationale was clear residents had been supported to make informed consent for their use. Overall the premises was clean and home-like, with residents living rooms and bedrooms comfortable and decorated base don their preferences. As referenced in other section of this report, there remained some areas in which the accessibility of parts of the premises were not suitable to maintain the safety and wellbeing of the residents. Other issues were identified related to fire safety, maintenance and an emergency call bell for a resident who lived in a separate apartment.

Residents were observed to be active participants in their community, supported to vote locally, come and go from the house, participate in sport, social, educational and retirement based groups and hobbies. Residents who spoke with the inspector had a good understanding of their human rights, and the means by which they could express when they felt dissatisfied, upset, disrespected or unsafe in their home.

## Regulation 10: Communication

The inspector spoke with all residents, with some requiring support from staff to be understood or to effectively communicate conversation or questions. While all residents communicated verbally, some residents' speech could be unclear, or they used vocabulary which was meaningful to them. This required staff to be familiar with their methods of communication to effectively support them. The inspector reviewed communication plans for a sample of residents, which included a glossary of words and phrases and what they meant to that resident. For example, some of the core staff team members had different names they had been given by the resident, and some of their belongings such as their walking aids had names. In the main, the inspector observed staff demonstrating understanding of their personal phrases which matches the communication plan. Communication plans included information on the residents' requirements for glasses, hearing aids or dentures to ensure they had their required equipment.

Some of the information in communication care plans required updating to reflect the residents' current needs. For example, one plan advised that a resident communicated using Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and included pictures of how to use gestures and signs, however this had been for an unsuccessful trial and the resident did not use this method. For one resident for whom staff would require support to understand, a referral for a speech and language therapist review had been submitted in February 2025, but had not yet been scheduled.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The inspector was provided evidence that all seven residents had a bank account in their name, into which their personal income or pensions were transferred. The staff demonstrated how they monitored bank statements which came to the houses and could maintain oversight of incoming and outgoing finances to identify any unusual activity. Residents were supported to manage their own cash and debit cards, and some residents were supported to use banking applications on their phones and do their shopping online.

With their permission, the inspector saw some of the residents' bedrooms and observed that they were supported to personalise their living spaces how they wanted. Residents had adequate space in which to store their personal belongings and decorate their rooms and living areas how they wished. For a resident in the process of moving house, the staff had created a personal inventory to ensure that all of the resident's belongings moved with them and nothing was left behind.

Residents had access to laundry facilities and were supported to manage their own if they wished.

Judgment: Compliant

### Regulation 13: General welfare and development

In general, the residents enjoyed a busy social life and were encouraged to maintain their skills and hobbies. Residents were supported to go on trips, holidays, hotel breaks and concerts. Residents were encouraged to engage in personally meaningful physical and mental exercises including swimming, flower arranging, knitting, embroidery, dancing and puzzles. Residents in their retirement were supported to attend social groups. One resident enjoyed going to classic cinema screenings. Residents were happy to have their shops, pubs, churches or public transport links in close proximity to their home.

At the time of this inspection, the vehicle for one house was away for repairs since early August 2025. This had impacted on one resident's ability to travel as part of their preferred routine and activities. Staff were required to borrow a vehicle from other services for each occasion or appointment needed. While this was acceptable to two of the residents, one resident was unable to take vehicles not their own, or use public transport. The inspector observed in an activities diary that this had resulted them missing day service, which they usually attended three days a week, on all but two days since the regular vehicle was unavailable, as well as missing their regular shopping trips and lunches and dinners out as the interim arrangement was not suitable for them. It was not evident what alternative transport solutions had been considered.

Judgment: Substantially compliant

### Regulation 17: Premises

Through observing the premises, reviewing documentary evidence, and speaking with residents and staff members, the inspector found that the layout and accessibility of parts of the premises was not adequately safe and suitable to meet the mobility and accessibility support needs of the residents. Premises accessibility issues observed during this inspection included repeat findings from previous regulatory inspections.

In one house, the shared bathroom had been identified as too small to safely accommodate a resident with mobility support requirements. The inspector reviewed a report and recommendations from the occupational therapist, dated January 2024, which reported that it was not feasible to safely transfer the resident into the

bathtub, and the limited space and water spillage increased the risk of injury to the resident and the staff supporting them. The recommended action was to replace the bathtub with a level access shower area to maintain safety and meet the resident's current functional needs, enhance their independence and quality of life. At the time of this inspection there had been no progress in providing for the resident's assessed needs. The inspector was provided evidence indicating that when this same resident sustained a recent injury which further impacted on their mobility, due to not having this level access shower they were required to use a wetroom area in the private en-suite of a resident who lived in a separate apartment annexe. Another risk assessment identified a resident was at risk of tripping on the front door threshold.

The premises of the second house included a sloped pathway to and from the front door which required works to improve accessibility. The inspector reviewed reports by the physiotherapist for residents in February and July 2025 which reported that residents struggled to walk with assistance on this pathway, and residents saying that they were afraid of slipping or falling. In addition, the inspector observed a resident expressing distress while using this pathway and calling for the staff to bring them their wheelchair before they fell. The inspector and physiotherapist report also noted that the issue was further compounded by the pathway being broken and uneven in parts. The inspector was verbally advised of solutions which had been considered, but at the time of this inspection there was no formal plan available to address this risk. The inspector observed evidence that communal areas such as the kitchen were not optimal to comfortably accommodate three residents along with the equipment and staff members they required to safely mobilise.

Some areas of the centre required maintenance works to address issues such as outdated bathroom ware, walls requiring paintwork, and pipes identified to be boxed off. One resident's bedroom wardrobes were observed to have peeling surfaces and doors missing, and the inspector observed from speaking with the resident and reviewing documentary evidence that getting these replaced was an open action for more than two years.

Judgment: Not compliant

## Regulation 26: Risk management procedures

One resident who lived independently in an annexe apartment showed the inspector an emergency pendant alarm they wore to call for help, which had not been working since 4 June 2025. The staff advised that the pendant was connected to the landline phone with which they had been experiencing issues. The provider had not ensured that the resident, who was at high risk of falls injury, was provided a replacement emergency call bell in a timely fashion, with the resident advised to ensure they had their mobile phone with them instead.

The provider had completed risk analyses on ongoing issues including the accessibility of the bathroom facilities, risk related to falls and unsuitable pathways, and the risk of a resident missing their community activities due to a lack of a suitable vehicle. These risk assessments identified interim measures and reviews but did not have formal plans and timelines for reducing risk permanently.

Judgment: Not compliant

### Regulation 28: Fire precautions

The inspector walked the premises and observed that the evacuation routes were protected from the spread of fire and smoke, including self-closing fire rated doors, and attic hatches with smoke sealing. Fire safety equipment including extinguishers, the alarm system and emergency lighting were subject to routine testing and certification. In one of the locations a storage shed had been recently installed which was wired with plug sockets and including a freezer, air fryer and a charge point for a power wheelchair. It was not evident that this had been risk assessed for fire safety and was not equipped with a means of detecting and alerting if a fire originated in this location.

The provider had conducted practice evacuation drills to observe how long it would take to evacuate the centre in an emergency, and the safest and most efficient procedure to follow to ensure residents exited in a timely fashion. These included drills representing night time staff arrangements such as when staff worked alone and when residents were in bed, to identify how different evacuation times would be in these higher risk scenarios. Recent drills under these circumstances assured the provider that an evacuation time within three minutes was possible. The emergency assembly point for one house was near the front door which was not an optimal distance from the building. The inspector was verbally advised that this location had been formally risk assessed as safe by the person competent in fire safety, in light of a competing risk presented in descending a sloped front pathway. The residents were clear on what to do in the event of a fire and demonstrated this in the notes of evacuation drills.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed evidence that the staff team were encouraging residents to optimise their independence and autonomy in managing their own medicines. The inspector observed assessments of residents' capacity to take their own medicines and residents were supported accordingly. The management retained oversight checks to identify examples of where residents were not taking their medicines in



line with their prescriptions. In one example, after a trend of errors was identified, a resident had returned to being more supported by staff, however the resident and staff agreed that they would aim to return to independence following a period of increased supervision.

Where staff were managing residents' medicines, they demonstrated evidence of suitable storage, administration and recording of same. Staff who reviewed medicines with the inspector were familiar with the purpose and protocols associated with resident's prescriptions, including emergency rescue medicines. Clear records were kept of instances in which medicines were rejected by the resident or paused by the prescriber. The person in charge also carried out checks on medicine management and was observed to have raised issues with staff in their supervision meetings where relevant.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector observed a sample of staff guidelines for maintaining a low-stress environment for residents. For residents who responded to distress or anxiety in a manner which may present a risk to themselves or others, the inspector observed staff guidance on proactively identifying stress factors and supporting the resident to be reassured and returned to their base mood. This included how to speak to the resident and how to redirect their attention to positive things which made them happy.

For the most part, residents lived in a restraint-free environment. Restrictions in place were primarily for the purpose of protecting residents from accidental falls, such as beepers which alerted staff if two residents were to rise unaided from their chair. The inspector spoke to both residents who understood why they were there and were assured that it was for their safety and they consented to them. Staff were observed switching this beeper off promptly when they attended to the residents, to minimise the noise for others. Residents were not unduly restricted from accessing parts of their home or their belongings, and there were no cameras, internally locked doors or restricted household items observed in this designated 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Lambourne Group- Community Residential Service OSV-0004031

Inspection ID: MON-0039369

Date of inspection: 02/09/2025

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>- The provider has allocated relief staff to the designated centre to ensure the supports are consistent for all supported individuals within the centre.</li><li>- The Provider continues to recruit for vacant posts within the centre.</li><li>- The Person in Charge will rotate staff between houses of the designated centre ensuring all staff employed on a full time basis are familiar with the needs within the centre.</li></ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>- The Nominee Provider has initiated a log which keeps a record of all actions and dates as per compliance plan to ensure compliance is maintained.</li><li>- The Nominee Provider is actively recruiting SCW posts within the centre.</li><li>- The Nominee Provider has assigned a PPIM and a cnm2 night manager to the designated centre to ensure appropriate oversight of the centre.</li><li>- The Nominee Provider will ensure unannounced audits are carried out at least six monthly, reflective of practice within the centre and actions are assigned for follow up.</li><li>- The Nominee Provider will demonstrate a log is in place regarding maintenance projects to ensure work is progressed in a timely manner.</li></ul>	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ol style="list-style-type: none"> <li>1. Person in charge has updated care plan and removed unused method of communication tool from communication passport. Scheduled SALT review in place for one resident on 15/10/25. Current recommendations will be updated at this review.</li> <li>2. Person in charge has contacted SALT department to provide required assessment report and schedule review of communication needs relevant to the resident in their home.</li> </ol>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Nominee Provider has provided alternative transport which meets the needs of supported individuals. This transport will remain in place until the assigned transport is fully repaired and returned to one house within the centre.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>- Access to one property within the designated centre will improve in one house with the addition of a ramp through the garden. The driveway will be resurfaced based on the needs of those residing in the house. (31-12-25)</li> <li>- The Nominee Provider along with social housing will adapt a bathroom in one of the houses based on an Occupational Therapy report (30-3-25)</li> <li>- The front door and door frame will be replaced in one of the properties which will remove the risk of tripping in one house (30-11-25)</li> <li>- The Nominee Provider retains a log of all repairs which are required within the designated centre. (30-9-25)</li> </ul>	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>- The Nominee Provider will provide new pathways and ramp access which will improve accessibility within one area of the designated centre. (31-12-25)</li> <li>- The Nominee Provider has provided alternative suitable transport for the individuals within one area of the centre, while their transport is being repaired. (30-9-25)</li> <li>- The Nominee Provider has assured that one individual has access to an emergency call alert based on her risk of falling. (30-9-25)</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Electrical items are not plugged in to the garden shed. The Fridge freezer has been removed from the shed following inspection and placed in the laundry which is attached to the fire alarm system. Any areas with electrical equipment are attached to floor plans.</li> <li>2. Nominee provider has assurance that the distance from the designated assembly point to the house is appropriate.</li> </ol>	

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/11/2025
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	30/09/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and	Not Compliant	Orange	31/12/2025

	assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/12/2025
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	30/03/2026
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	30/03/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and	Not Compliant	Orange	30/03/2026

	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.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2026
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	31/12/2025
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	31/10/2025
Regulation 23(2)(a)	The registered provider, or a person nominated	Substantially Compliant	Yellow	30/11/2025



	by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	30/09/2025

	event of fire, all persons in the designated centre and bringing them to safe locations.			
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