



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

## Issued by the Chief Inspector

Name of designated centre:	Fairview Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	09 October 2023
Centre ID:	OSV-0004058
Fieldwork ID:	MON-0041401

## About the designated centre

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

A maximum of six residents can live in this centre where the provider aims to ensure that each resident receives quality support and services consistent with their assessed needs. Residents living in Fairview Services have a primary diagnosis of intellectual disability but some may also have other needs such as physical and medical needs. The centre is open seven days a week and provides a full-time residential service to some individuals. Residents are male and female from the age of 18 upwards, and are provided with 48 week contracts and the use of their own bedroom. Each person attends a day service, or supported employment outside of the centre. While residents may have medical needs the model of care is social and the staff team is comprised of social care and care staff supported and managed by the person in charge who is also a member of the frontline team. Ordinarily two staff work in the centre during the day and a sleepover staff supports residents at night. Each resident has a contract of care outlining agreements and extra charges that may be incurred in the centre.

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

Number of residents on the date of inspection:	6
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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 9 October 2023	13:30hrs to 18:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents liked living in this centre which they considered their home. This inspection was unannounced and the inspector met with six residents as they returned home from work, day services and from attending medical appointments.

The inspector found that residents had good access to their local communities and they were supported by a staff team who had their best interests to the forefront of care. However, this inspection also found significant failings with regards to adapting to the significant changing needs of one resident, with an urgent action issued to the provider to bring this area of care and regulation back into compliance in the days subsequent to this inspection. The inspector also found that they were concerns in regards to governance and management arrangements and also in relation to risk posed to a resident due to their changing needs. These issues will be discussed in the subsequent sections of this report.

There had been a profound changes in the needs of one resident since the last inspection of this centre with a rapid decline in their cognition over a number of months. The person in charge explained that they had spent a number of weeks in hospital and they were discharged back to the centre in the early summer. The person in charge detailed that their risk of falls had increased and they had moved the resident to a downstairs bedroom as a safety measure. However, in the subsequent weeks their personal care needs increased and they needed additional assistance with toileting. In addition, they had increased episodes of incontinence at night with records showing this occurrences most nights in the weeks prior to the inspection. Although the staff team were providing care to a good standard with regards to the resources which were available to them, the provider had not ensured that an incontinence assessment had been completed and that suitable incontinence wear was made available to this resident prior to this inspection. The inspector found that this lack of response by the provider had breached the dignity of this resident and an urgent action was issued to the provide to bring about a prompt and suitable change to the care this resident received. The provider submitted a plan subsequent to the inspection which outlined the measures to address these concerns.

Although there were concerns in relation to fundamental aspects of care for one resident, the five other residents who used this service enjoyed an active lifestyle. The inspector met the six residents who used this service. As the service commenced, one resident had returned back to the centre after attending home sharing. Another resident also returned home at this point following an appointment which they attended with the support of the person in charge. Both residents chatted freely with the inspector and they clearly outlined their satisfaction with the service, their home and the staff team. They both went about their own affairs such as tidying a sitting room and they both prepared their own lunch. One resident joked with the inspector that their bedroom 'was upside down' and they had

planned to tidy it but they were tired after their appointment and that it could wait for another day.

The centre had a very pleasant and homely atmosphere and staff who were on duty had a warm and considerate approach to care. The residents who used this service had varying needs and it was clear to the inspector that residents enjoyed living in this centre. The inspector also found that the measures and actions of the staff team ensured that residents were active in their local community and enjoyed a good range activities. Staff who were on duty were kind in their approach to care and it was clear that residents appeared relaxed in their company. Residents were also observed to laugh and joke with staff and the person in charge and in general the centre had a warm and pleasant atmosphere.

Residents had good access to their local community and a review of records indicated that residents regularly went shopping, had meals out, went bowling and also to the cinema. Two residents who spoke at length with the inspector discussed their plans for a two night hotel stay which was to occur in the days subsequent to the inspection. They explained that two more of their house mates and two staff were going with them and they were really looking forward to it. Spa treatments had been booked and they were also looking forward to a meal in the hotel's restaurant.

The centre was a large detached house which was located in a residential neighbourhood of Galway city. The centre was well maintained and there were an ample number of reception rooms in which residents could relax. The centre had an open plan dining and living area where residents generally relaxed and there was also a separate kitchen. Residents told the inspector that they enjoyed making snacks and one resident helped to prepare the evening meal on the day of inspection. Each resident had their own bedroom and there was an ample number of bathrooms and toilets for residents' to use.

In general, the centre had a pleasant atmosphere and residents had free access to all areas of their home. The centre's person in charge facilitated the inspection and two staff members were on duty to assist residents with their needs.

## Capacity and capability

This was an unannounced inspection carried out to follow-up on non-compliance's, identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations, and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level. This inspection highlighted that there was a lack of urgency in responding to some of the care needs for one resident who was experiencing significant cognitive changes. Although the person in charge and local staff team offered a high level of care within the resources which were available to them, a failure by the provider to provide an adequate review of this resident's continence needs resulted in an urgent

action issued to the provider on the morning after the inspection. In addition, this inspection highlighted that a lack of adequate multidisciplinary supports had also negatively impacted on their care. These issues will be discussed in the subsequent sections of this report.

As mentioned above, the provider was issued with an urgent action in regards to the continence needs of one resident. The staff team were well aware of the resident's changing needs and they had referred the resident for a continence review in the months prior to the inspection but this review had not occurred. The inspector reviewed records which showed that frequency of incontinence episodes had steadily increased; however, the resident was left without suitable incontinence wear for nighttime hours when these episodes were most likely to occur. Based on this evidence, the provider was issued with an urgent action to address these concerns and their response was submitted to the Office of the Chief Inspector within the timelines as set out by the inspector.

There had been significant changes in the needs of one resident in the months prior to the inspection. The staff team reported their needs had greatly increased due to cognitive decline and they required enhanced supervision due to an increased risk of falls and also additional supports with their personal care. A comprehensive physiotherapy review had occurred and the provider clearly demonstrated that the majority of recommendations were implemented promptly. However, this review recommended a specific type of physiotherapy for cognitive decline but this form of therapy had not occurred due to lack of resources within the multidisciplinary team. In addition, a referral had been made for a occupational therapy, three months prior to this inspection, to review this resident's environment due to the increased risk of falls; however, this review had not occurred. The inspector found that these lack of resources had impacted upon the quality of care and also had the potential to impact upon the safety of service.

As part of the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level, the provider outlined how residents could be referred to a complex care review. The purpose of this review was to examine the changes needs of specific residents and put in place a programme of action to ensure that their care needs were monitored and catered for. The person in charge was aware of the complex care review forum but they could not explain how a referral was made to commence this type of review. The person in charge explained that they had not received any guidance or training on this review process and overall the inspector found that the lack of implementation of this review process had negatively impacted upon the care provider to one resident in this centre.

To summarise the opening section of this aspect of the report, the provision of care and the responsibility to offer a safe and suitable service to residents, which is based on the assessed needs, rests solely with the provider. Previous inspections of this centre had generally been positive; however, this inspection clearly highlighted the inability of the provider to actively respond to one resident's rapidly changing needs which had a negative impact on their dignity. Considering the provider had introduced additional oversight measures, in response to concerns which were raised by the Chief inspector, with the aim of improving care - the findings of this

inspection and the issuing of an urgent action highlighted that this centre had actually regressed in terms of the quality and safety of care which was provided since these additional measures were introduced.

This inspection was facilitated by the centre's person in charge who was responsible for the day-to-day operation of the centre. The person in charge was not in charge of any other designated centre and it was clear that they had a good understanding of the residents' collective needs, the service which was offered and the resources which were in required to support residents with their needs. The person in charge had a good rapport with both residents and staff who were on duty and it was clear that the wellbeing and welfare of residents was to the forefront of care. They were in the process of introducing the formal audit schedule as outlined in the provider's response to the office of the Chief inspector; however, they demonstrated good oversight of incidents, medications and resident's finances on the day of inspection. In addition, the provider had introduced a quality enhancement plan which aimed to condense actions generated from internal audits and external reviews of the centre and monitor progress in resolving identified issues. Although this was a positive approach in relation to the oversight of care, the inspector found that the provider's last six monthly audit of this centre was not robust and failed to adequately review care in this centre.

Overall, the inspector found that the staff team knew the residents well and it was clear that their best interests were to the forefront of care. However, significant improvements were required in regards to multidisciplinary resources which were available to this centre to sustain basic care standards and improve the overall quality of residents' lives.

#### Regulation 14: Persons in charge

The role of the person in charge is pivotal in the oversight of day-to-day care. The person in charge is required to have the capacity to fulfill their duties with the appropriate implementation of this role assisting in ensuring that residents receive a service which is safe and also of good quality.

The provider clearly demonstrated that the person in charge had the capacity and capability to fulfill their duties. The person in charge also demonstrated a good understanding of the residents' needs and also of the services and supports which were in place to meet those needs.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and

well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the inspector had a good understanding of resident's individual and collective needs.

Judgment: Compliant

### Regulation 16: Training and staff development

A schedule of team meetings which facilitated the staff team to raise concerns in relation to care practices was in place. The person in charge attended the centre on a regular basis and scheduled support and supervision was in place for staff.

The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could care for the assessed needs of residents. A review of training records indicated that all mandatory and refresher training had been completed as recommended.

Judgment: Compliant

### Regulation 23: Governance and management

Robust oversight arrangements are fundamental to the provision of care. The inspector found that the governance and management arrangements in this centre required significant improvements as deficits were found in the provision of multidisciplinary support and also in regards to the prompt response to the changing personal care needs of one resident. In addition, the provider failed to identify a significant risk in regards to the provision of care and there was a delay in referral and a lack of understanding of the complex case review process which had negatively impacted upon the provision of care for one resident.

Furthermore, the requirement as set out in the regulations to complete six monthly unannounced audits was complete; however, the last audit of this centre was not robust and required further review.

Judgment: Not compliant

### Quality and safety

The inspector found that residents enjoyed a good social life and that their independence and engagement with their local community was actively promoted.

However, this inspection highlighted that the provider had not fully met the changing needs of one resident. In addition, the provider failed to recognise the associated risk from the lack of multidisciplinary resources which were available to the centre and had impacted upon the provision of care.

The provider had assessments of need in place which were reviewed on at least an annual basis. These assessments were also reviewed to reflect any changes in residents' day-to-day care requirements and as mentioned throughout this report there had been significant changes in the care needs of one resident. Although there was some positive changes such as a relocation of their bedroom and an increase in the provision of staffing, the provider failed to ensure that adequate reviews and supports were in place in response to changes in their personal care needs which had negatively impacted upon their personal dignity.

The person in charge maintained responsibility for monitoring the centre's incident and accident reporting system. A review of this system indicated that all recorded events had been responded to in a prompt manner and that there were no trends of concern. There were also a number of risk assessments in place for ongoing issues which were well managed in the centre such as safeguarding, behaviours of concern and dementia. The person in charge referred the top five risks in the centre to the provider each month for review. Although this system of referral to the provider on a monthly basis had the potential to promote the safety of care, there was no feedback to the centre to determine if the provider was satisfied with the controls and measures which were implemented in the centre. In addition, the provider failed to identify a significant risk to the provision of care due the lack of multidisciplinary support for residents and a failure to ensure that adequate assessments in an a critical areas such as incontinence care had occurred.

Residents' had good access to their local area and residents who spoke with the inspector stated that they enjoyed going into Galway city to have a look around the shops and sometimes to have a meal out. Residents discussed their day-to-day lives and it was clear that they enjoyed a good quality of life in terms of community access and outings. Four residents were looking forward to a hotel break and one resident explained that they were thinking about going on a sun holiday next year. A resident also explained to the inspector that they loved having paid employment which they attended each day. They stated that work was very busy and they enjoyed coming home each day to make their lunch and relax. The inspector observed that residents considered the centre their home and they each went about their own routines when they returned home from day services. Some residents made a cup of tea for themselves and others helped to prepare the evening meal. As the inspection concluded, the inspector observed all residents sitting together, having dinner and chatting about the day.

Overall, the inspector found that residents had good access to their local community and the enjoyed a wide range of activities; however, there were significant issues identified on this inspection in regards to meeting the assessed needs of residents and risk management of issues within the centre.

## Regulation 12: Personal possessions

Residents were actively supported with their finances and some residents maintained their own bank accounts and spending. These residents sought support from staff when they required help and they allowed staff to review their bank statements with them to assist in safeguarding their finances.

Some residents required support with their finances and there were detailed records maintained of and financial transactions which were completed on their behalf.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by management of the centre. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

However, significant risks in regards to the provision of care and a lack of multidisciplinary support for this centre had not been identified and had a negative impact on the provision of care. In addition, there had been no feedback to the centre to determine if the provider was satisfied with the controls and measures which were implemented in response to risks which had been submitted to the provider for review.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Meeting the assessed needs of residents is a basic requirement in the provision of residential services in designated centres with the responsibility of meeting these needs resting solely with the registered provider.

There had been a rapid decline in regards to the health and wellbeing of one resident which was attributed to changes in their cognitive ability and progression of dementia. Although dementia care plans were in place, the provider did not adequately respond to their changing incontinence needs. The provider failed to ensure that an appropriate assessment by an incontinence specialist had occurred as requested and that suitable continence wear was in place to meet this fundamental

aspect of care.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents who met with the inspector enjoyed living in their home and they were supported by a staff team who assisted them to access the community and engage in activities which they enjoyed. Information in regards to rights was clearly displayed as was staff who were on duty.

In addition, respect and treating each other with dignity was promoted at residents' meetings which were held on a regular basis and also used to keep residents updated in regards to the running and operation of their home.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fairview Services OSV-0004058

Inspection ID: MON-0041401

Date of inspection: 09/10/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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"> <li>• In relation to the changing needs of one resident regarding a change in incontinence needs, all documents of application for incontinence wear were completed by Keyworker. These documents included a baseline assessment form and a three-day fluid chart.</li> <li>• A medical practitioner reviewed all documents and completed an incontinence review of the service user. A special-order form has now been completed on behalf of the service user.</li> <li>• The medical practitioner review concluded that the resident requires support for incontinence and an application has been submitted to HSE. As an interim measure, Ability West has sourced the necessary incontinence wear and will incur the cost of the incontinence wear until the application submitted to the HSE has been approved. The service user is now using incontinence wear. Completed on 13/10/2023.</li> <li>• The person in charge is responsible for ensuring that residents’ assessments of needs are up to date and accurate.</li> <li>• The Area Services Manager will audit resident needs assessments on a monthly basis with the Person in Charge and report findings to the Director of Operational Supports and Services at the monthly meeting and escalate if evidenced a need to review additional supports including MDT support required in Fairview services.</li> <li>• The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident’s needs assessment is required.</li> <li>• Monthly Staff meetings, facilitated by the person in charge, are now held every month. Standing agenda items include review of incidents, risk register and management, changing needs of residents, safeguarding etc.</li> <li>• A revised Multi-disciplinary team(MDT) referral system and pathway will be implemented on Monday 27th November 2023 . This referral pathway will now include incontinence referrals and all referrals requiring MDT support for changing needs. This revised MDT referral system and pathway will be introduced to all Area Service</li> </ul>	

Managers, Persons in charge and Team leaders on Monday 27th November 2023

- The Complex Care review process has commenced and weekly meetings to review complex cases are in place .
- Training on the Complex Care process took place with the person in charge and team leaders on 27th September 2023. Further training and support on referrals to the complex case forum and the completion of the complex case forms will be provided to the persons in charge and the team leaders on Monday 27th November 2023.
- The person in charge supported by the Area Service Manager will implement a standardized internal audit tool in Fairview. This will detail the schedule and frequency of audits to be completed on a daily, weekly and monthly basis. The audits will be reviewed by the person in charge on a weekly basis and audited by the Area Service Manager monthly.
- The Person in charge will be trained in auditing by 31st December 2023 .
- The provider led audit process and template has been updated and will be completed by 31st December 2023 .

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Risk management training was delivered by an external training organization to the current person in charge and the Area Service Manager on 21st and 26th April 2023.
- The person in charge will review the centre risk register monthly or more frequently where evidence of increased risk or other changes arises.
- The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk assessment is required.
- The Area Services Manager will review the risk register monthly with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate the risk to the Area Services Manager.
- The Area Services Manager shall present the risk register at monthly meetings to the Director of Operational Supports and Services. If warranted the Area Services Manager will escalate the risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.
- Staff meetings, facilitated by the Person in Charge will have a standing agenda item which include review of incidents, risk register and management and changing needs of residents.

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> <p>In relation to the changing needs of one resident regarding a change in incontinence needs, all documents of application for incontinence wear were completed by Keyworker. These documents included a baseline assessment form and a three-day fluid chart.</p> <ul style="list-style-type: none"> <li>• A medical practitioner reviewed all documents and completed an incontinence review of the service user. A special-order form has now been completed on behalf of the service user.</li> <li>• The medical practitioner review concluded that the resident requires support for incontinence and an application has been submitted to HSE. As an interim measure, Ability West has sourced the necessary incontinence wear and will incur the cost of the incontinence wear until the application submitted to the HSE has been approved. The service user is now using incontinence wear. Completed on 13/10/2023.</li> <li>• The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.</li> <li>• The Area Services Manager will audit resident needs assessments on a monthly basis with the Person in Charge and report findings to the Director of Operational Supports and Services at the monthly meeting and escalate if evidenced a need to provide additional supports including MDT support required in Fairview services.</li> <li>• The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.</li> <li>• Monthly Staff meetings, facilitated by the person in charge, are now held every month. Standing agenda items include review of incidents, risk register and management, changing needs of residents, safeguarding etc.</li> <li>• A revised Multi-disciplinary team (MDT) referral system and pathway will be implemented on Monday 27th November 2023 . This referral pathway will now include incontinence referrals and all referrals requiring MDT support for changing needs. This revised MDT referral system and pathway will be introduced to all Area Service Managers, Persons in charge and Team leaders on Monday 27th November 2023</li> <li>• The Complex Care review process has commenced and weekly meetings to review complex cases are in place.</li> <li>• Training on the Complex Care process took place with the person in charge and team leaders on 27th September 2023. Further training and support on referrals to the complex case forum and the completion of the complex case forms will be provided to the persons in charge and the team leaders on Friday 24th November 2023.</li> </ul>	

## 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 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	31/10/2023
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	27/11/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Not Compliant	Orange	31/12/2023

	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	31/10/2023
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	13/10/2023