



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

Issued by the Chief Inspector

Name of designated centre:	Castlefield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0036884

About the designated centre

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

Castlefield group is a community residential service providing adult residential accommodation for ten ladies and four gentlemen with intellectual disabilities across three residential locations. The houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The first location currently provides accommodation for four ladies, the second for four gentlemen and the third for six ladies. The first location is a semi-detached house on a small cul-de-sac. It comprises of five single occupancy bedrooms one of which is used as a staff office and sleepover room. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The second house has five bedrooms and a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The third unit is a six bedroom semi-detached house in a cul-de-sac. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The staff team provides a variety of supports for residents who in some cases are of an aging profile.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Tuesday 5 July 2022	10:00hrs to 17:00hrs	Marie Byrne	Lead
Tuesday 5 July 2022	10:00hrs to 17:00hrs	Thomas Hogan	Support

What residents told us and what inspectors observed

In line with the findings of the last inspection, while some residents were happy and felt safe living in the centre, others expressed their frustrations relating to sharing their home, and their dissatisfaction with the premises they lived in. The inspectors of social services were informed that an individual preference and needs assessment was in the process of being completed for one resident as they had expressed a wish to move out of one of the houses, and in line with the findings of the previous inspection another resident remained dissatisfied with the size of their bedroom and has raised a formal complaint.

The inspectors found that a number of improvements had been made since the last inspection which had resulted in positive outcomes for residents such as successfully supported one resident to transition to more suitable accommodation which had resulted in a resident who was previously shared their bedroom, having their own bedroom. They also found that the provider was aware of some residents' changing needs: however, there was an absence of evidence to demonstrate future planning for some residents, and a number of actions which were due to be completed had not progressed, resulting in poor outcomes for residents in relation to their home, and their care and support.

The inspectors visited two of the three houses in the designated centre and had an opportunity to meet and speak with five residents about their experience of care and support in the centre. A number of residents were at day services when the inspectors visited their home. There was a very pleasant and welcoming atmosphere in both of the houses visited by inspectors and they observed kind, caring and respectful interactions between residents and staff throughout the inspection. Staff were found to be very familiar with residents' communication preferences, their likes and dislikes, and their needs and abilities. They took every opportunity to speak with the inspectors about residents' talents' and their valued roles in their home and their community.

Inspectors also found that staff were supporting residents' independence and to self-advocate. Residents' meetings were occurring regularly and areas such as staffing supports, menu planning, complaints, advocacy, safeguarding, and infection prevention and control were discussed. A number of areas of good practice were identified in relation to advocacy in the centre. For example, advocacy was discussed at residents' and keyworker meetings, and residents had developed goals in this area. One resident spoke about their plans to discuss their wishes and concerns at their upcoming person-centred plan meeting. Residents had also been supported to access the support of independent advocacy services and one residents' advocate had finished supporting them as it was reported that the resident was doing such a good job advocating for themselves, and that staff were there to support them as required.

Staff spoke about the improvements brought about by the provider increasing

staffing numbers in line with residents' changing needs, and the positive impact of this on the continuity of care and support for residents as a result of a reduction in the use of relief and agency staff. They also spoke about a new staff who was due to start in the centre the week after the inspection and how this would further improve continuity of care and support for residents.

Overall, both houses visited were found to be clean, homely and well maintained. However, the two houses visited were not found to provide adequate private and communal spaces, and did not demonstrate best practice to achieve and promote accessibility. For example, in line with the findings of the previous inspection, five of the six residents in one house were sleeping on the first floor. There was a risk assessment in place for one resident to move downstairs at times when they were unable to climb the stairs; however, should they need to do this they would not have access to shower facilities without using another residents' ensuite bathroom facilities. In addition, inspectors observed another resident having difficulties climbing the stairs during the inspection. The provider had submitted plans to complete works to this house to add an accessible bathroom, but these plans were delayed due to one residents' changing needs and the requirement to expedite their transition to another centre in line with their changing needs and a number of safeguarding concerns in the centre. It was not evident that the input of residents or staff was sought in the development or review of these plans, as staff were unable to tell inspectors what the plans were for works to the premises.

While a number of residents told inspectors they were happy and felt safe living in the centre, one resident repeatedly spoke to the inspectors and a staff member about how noisy and busy their living environment was. When asked if they were happy living in the centre they stated " it will do for the moment". When asked if they felt safe, they said that sometimes when it was very loud, they felt scared.

For the most part, residents were supported and encouraged to connect with family and friends and to attend day services and take part in activities in their local community. Some residents spoke with inspectors about their hobbies and interests and important people in their lives. Others spoke about parties and celebrations they had enjoyed and showed inspectors pictures of these. Residents also spoke about hotel breaks and plans for holidays over the summer months. However, when asked about their plans for the day two residents told inspectors they didn't have any plans. In addition, one resident spoke about how they were sometimes bored in the house as there was nothing to do but spend time in their bed. There had been a number of complaints raised since the last inspection from a resident and their representative in relation to their lack of access to meaningful activities.

Residents and staff in one of the houses described the positive impact for residents of the reduction in the number of people living in the house since the last inspection, including a reduction in safeguarding concerns in the house. One resident proudly showed an inspector their bedroom and indicated that they were very happy that they were no longer sharing their bedroom with another resident. They were in the process of picking paint colours for their bedroom wall and their wardrobes. They showed the inspector their favourite possessions and family photos and talked about important people in their lives. Another resident talked about how

they were now spending more time in the living room as there were less people there now.

In summary, while a number of residents were in receipt of person-centred care and supports, the design and layout of the premises was not fully meeting the number and needs of residents living in the centre. While there were some areas of improvement identified, overall further improvements were required in order to bring about positive outcomes for residents living in the centre.

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

This inspection was completed as part of the regulatory plan for the centre following a number of inspections where continued levels of non-compliance with the regulations were found to be having a negative impact on the lived experience of residents in the centre. A notice of proposed decision to refuse the renewal of the registration of the designated centre was issued to the registered provider in October 2021 following which the provider made a representation to the Chief Inspector of Social Services. This representation outlined a number of actions which the provider was planning to take to address the ongoing non-compliance with the regulations in this designated centre. Following this the application to renew the registration of the designated centre was progressed with an additional restrictive condition of the registration of the centre which required the provider to move into compliance with Regulation 9 Residents' rights, and Regulation 17 premises by 31 March 2022.

In September 2021 the provider was found to have breached two conditions of the registration of the centre and on the inspection in March 2022 they were not found to have taken the appropriate actions to meet the requirements of the restrictive condition of the registration of the centre relating to regulations 9 and 17. Following the inspection in March 2022 the provider had submitted an application to vary two conditions of the registration of the centre, one to reduce the number of registered beds in the centre, and another to remove the restrictive condition. The application to vary condition the number of registered beds was progressed prior to this inspection resulting in the number of registered beds reducing from 15 to 14. The Chief Inspector had not been provided with sufficient assurances to remove the restrictive condition of the registration prior to this inspection, and the provider was found to be in breach of this condition at the time of the inspection.

In addition, the Chief Inspector of Social Services had also received both solicited and unsolicited information of concern since the last inspection. This included three pieces of unsolicited information in the form of concerns submitted to the Chief

inspector about to residents' rights, premises and residents' finances. The solicited information included a number of notifications of alleged abuse.

During this inspection, the inspectors found that the provider had completed the majority of actions from the compliance plan they submitted to the Chief Inspector following the last inspection including supporting one resident to move to alternative accommodation and recruiting two healthcare assistants. However, a number of actions had not fully progressed at the time of the inspection. For example, the maintenance of planned and actual rosters, and the management of safeguarding concerns and complaints in line with the organisation's policy.

The person in charge was on unplanned leave on the day of the inspection. While there was evidence of increased oversight and presence in the houses by the persons participating in the management of the designated centre and (PPIM) and the new service manager in the centre, it was not evident from reviewing documentation that they were self-identifying areas for improvement or addressing areas of non compliance with the regulations. The inspectors acknowledge that staff, the PPIM and the service manager identified areas for improvement while speaking with the inspectors, but these were not reflected in the audits and reviews in the centre and inspectors were not presented with documentary evidence to demonstrate an action plan to bring about some of these required improvements.

The registered provider had established a local governance oversight committee who were tracking the actions to bring about improvements in the centre. However, from a review of some of a sample of minutes for these meetings, it was not clear who was responsible for which actions, when they were due to be completed by, or which actions were complete.

From speaking with staff and a review of documentation it was evident that some areas of concerns were being escalated to the management team; however, there was an absence of evidence to demonstrate actions as a result of these and for some these concerns were not being escalated to the relevant parties. For example, inspectors brought some information to the attention of the management team during the inspection that had not been brought to their attention, despite being raised and recorded in staff meeting minutes.

Regulation 15: Staffing

In response to residents' changing needs in one of the houses the provider had recruited two healthcare assistants. From a review of rosters there was evidence of improvements in relation to continuity of care and support for residents as one healthcare assistant had commenced, and from speaking with staff this would improve further once the other staff started the week after the inspection.

The providers' latest six monthly review and the minutes of a recent management meeting indicated that further reviews were required to ensure that the numbers of staff indicated in the centre's statement of purpose was sufficient to meet residents'

assessed needs.

In line with the findings of the previous inspection, a review of staff rosters found that some rosters reviewed did not contain first and/or second names of some staff completing shifts.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures in place; however, these were not found to be fully effective as the provider was not self-identifying some areas for improvement in line with the findings of this inspection. For example, the latest six-monthly review of care and support completed by the provider did not identify areas for improvement in line with the findings of this inspection; for example, the oversight and day-to-day management of the centre, residents' rights and finances, the oversight and follow up on complaints, or the design and layout of the centre to meet residents' needs. In addition, the risk register was not found to be reflective of the actual risks in the centre on the day of the inspection. It did not identify presenting risks, and included risks that were no longer present in the centre. Also, risk assessments were not found to be appropriately risk rated or to contain sufficient detail on control measures.

In addition, the provider was not fully implementing the actions to bring about improvements for those areas for improvement previously identified. Actions marked as complete in the provider's action plans, were not found to be complete at the time of the inspection. For example, the majority of actions from the compliance plan following the last inspection were marked complete, but a number of these were found to be in progress or not completed at the time of the inspection.

An annual review for 2021 had not been completed by the registered provider at the time of the inspection.

Staff were aware of the relevant reporting mechanisms but these were not proving fully effective as some concerns were not being appropriately escalated to the relevant parties.

Judgment: Not compliant

Regulation 31: Notification of incidents

Through a review of documentation and discussions with staff, inspectors found two occasions where concerns were raised in relation to safeguarding residents' finances

which were not reported to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and easy-to-read complaints procedure on display in the centre. The complaints process were regularly discussed at residents' meetings and from a review of complaints both residents and their representatives had made complaints.

The provider had a number of systems to log and track actions on foot of complaints and the inspectors viewed a number of actions taken by the provider. However, there were a number of complaints recorded as closed to the satisfaction of the complainant, and it was not evident that the required improvements had been brought about, or that the complainant was fully informed of the outcomes or satisfied with the outcome. For example a resident had made a complaint, and the provider had taken a number of steps to address their concerns; however, the resident continued to express their dissatisfaction, and spoke with inspectors about this during the inspection.

Judgment: Not compliant

Quality and safety

In line with the findings of previous inspections, inspectors found that while some residents living in the centre were enjoying a good quality of life, others were experiencing poor outcomes as a result of the services provided and not fully satisfied with their living environment. Concerns remained in relation to the design and layout of the centre, residents' rights, and supports in relation to residents' personal possessions.

While there was some evidence that residents were supported to manage their finances and to keep their belongings safe, improvements were required to ensure residents' financial assessments were reflective of their support needs and to ensure full oversight of their finances. For the most part, residents had access to adequate space to store and maintain their clothes and personal property and possessions. The provider was working to support one resident in this area at the time of the inspection and had taken a number of some steps to address storage issues including making additional space available in a shed should the resident choose to use it. While there was evidence of engagement with the resident around this process, further engagement was required to ensure they were fully involved in

decisions and actions. The provider had sought the support of an allied health professionals and were in the process of implementing some of their recommendations. They had also made a referral in November 2021 for the support of another allied health professional, and sent further correspondence in an attempt to prioritise their input for the resident. However, this needed to progress in a timely manner in order to fully support the resident with an identified support need.

While both houses visited were found to be clean and homely, some areas required maintenance and repair, examples of which will be discussed later in this report. As previously mentioned, in line with the findings of previous inspection, in the two houses visited inspectors found that there was not adequate private or communal spaces to meet the number and needs of residents living there. The design and layout was not found to support residents to age in place. Rooms were not found to be of a suitable size and layout for some residents and baths, showers and toilets were not found to be of a sufficient number and standard to meet residents' needs in one of the houses. The provider had submitted plans to the Chief Inspector following the last inspection to complete work in one premises in relation to accessible bathrooms; however, inspectors were informed that these plans had not progressed due to a residents' changing needs and transition from the centre. There had been a number of complaints from residents and their representatives in relation to the premises since the last inspection.

There had been a number of allegations of incidents of a safeguarding nature in the centre since the last inspection, and the provider had taken some responsive actions to address these such as putting plans in place to support a resident to transition from the centre. Safeguarding plans were developed and control measures were being implemented. However, some staff spoke about difficulties implementing these control measures due to the number and needs of residents in the centre. Overall, inspectors were not assured that adequate arrangements were in place to safeguard residents as a number of concerns were identified during the inspection which had not been recognised as safeguarding concerns.

Regulation 12: Personal possessions

Inspectors found that residents had access to and control over their finances. However, it was not evident that some residents were provided with the necessary supports to manage their finances. For example, some residents' financial support assessments had conflicting information in relation to the residents' ability to manage their finances and the supports they may require.

There was limited oversight of some residents' finances. For example, there were financial audits being completed but they did not include information in relation to balance checks or sampling of receipts against expenditure logs and statements from financial institutions.

Inspectors found that one residents' personal property had been removed from the centre without their permission or knowledge. They sought assurances that the

resident was reimbursed for the cost of this item, and these assurances were provided by a member of the management team during the inspection.

Judgment: Not compliant

Regulation 17: Premises

The two houses visited were found to be clean throughout, and inspectors found that a number of improvements had been made since the last inspection which had resulted in the houses appearing more homely and comfortable. However, in line with the findings of previous inspections, the design and layout of two of the premises were found not to meet the number and needs of residents. For, example, one resident was unable to freely access their wardrobe as their bedside table was in front of it and they spoke with inspectors about how hot their bedroom got sometimes, despite the window being open.

There were a number of areas in need of maintenance and repair in the two houses visited. For example, sealant in a number of shower areas in bathrooms required replacement, and the vanity units in two bathrooms had damaged surfaces. One residents' shower doors were not opening properly, and plans were in place to refurbish a number of bathrooms. A kitchen in one of the houses had cabinet doors missing, damage to shelving, and damage to counter top surfaces, and as a result could not be appropriately cleaned. The provider had a maintenance plan in place, but a number of these areas were not included on this plan.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had successfully transitioned from the centre since the last inspection. Their discharge had been completed in a planned and safe manner.

A residents was in the process of transitioning to another centre in line with their changing needs. Their transition plan was in progress and found to be progressing at a pace suitable to meet their needs.

Judgment: Compliant

Regulation 8: Protection

During the course of the inspection, inspectors identified a number of concerns

relating to a residents' finances which had not been recorded, reported or followed up as a safeguarding concern. As a result, these allegations were not appropriately notified to the designated officer, an investigation was not completed and safeguarding plans were not put in place as required.

Overall, the inspectors were not assured that there were appropriate systems in place to ensure that residents were protected from experiencing incidents of a safeguarding nature.

Judgment: Not compliant

Regulation 9: Residents' rights

There was some examples in this centre of the provision of sensitive, person-centred and individualised care and support to residents. In addition, the inspectors found that there had been some improvements in one centre where concerns had previously been identified regarding the protection and promotion of human rights. Despite this, the inspectors found that in some cases, there remained ongoing concerns about how residents were included in the plans being made about their care, and their home. The inspectors found that matters identified at the time of the previous inspection had not been appropriately followed up on by the registered provider. They had not taken appropriate action to respond to these findings or put a robust plan in place to address them.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castlefield Group - Community Residential Service OSV-0005237

Inspection ID: MON-0036884

Date of inspection: 05/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The nominee provider will ensure that the full names of all relief and agency staff are recorded on the actual rosters within the designated centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will have systems in place which will ensure there is appropriate oversight of the designated centre. This will be evidenced through, <ul style="list-style-type: none"> • Increased on site visits to the designated centre by the PPIM • Regular governance and oversight meetings with representation from executive members. • Increased supervision meetings between the PIC and the PPIM • Increased presence of the PIC within all areas of the designated centre. An annual review of the quality and safety of care and support was completed by the registered provider on the 6-8-22.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge will ensure the chief inspector is notified in writing within 3 working days of all suspected, alleged or confirmed allegations of abuse of any resident. In the absence of the person in charge, notifications will be submitted by the person participating in management of the designated centre.</p> <ul style="list-style-type: none"> • The staff team will be supported to attend refresher training on The Protection and Welfare of Vulnerable Adults & the Management of Allegations of Abuse. Training commenced on 27-7-22. <p>Safeguarding will be identified as an ongoing item on the agenda for team meetings.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The nominee provider has a complaints policy in place, the person in charge will ensure that all complaints are logged correctly and reported to the service manager as designated complaints officer.</p> <p>The person in charge will ensure there is a location identified within the residents plan of care were details of feedback on their complaint is logged.</p> <p>The nominee provider will ensure that complaints remain open unless the complainant is fully satisfied with the action taken.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The nominee provider will complete a financial assessment with all residents to ensure their needs are clearly identified. Supports will then be put in place based on these needs.</p> <p>The service manager is currently reviewing the financial audits in place to ensure they provide for robust oversight and support for residents in relation to their financial matters. The Pic will ensure that all residents property is clearly accounted in the individuals support plan.</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"> • The Provider will submit an application to vary to reduce the capacity in one house from six to five residents. • Bathroom renovations will be undertaken to ensure the ensuite facilities are meeting the needs of all residents. Renovation works which were delayed due to the changing needs of residents will commence in one of the houses, this work will provide for accessible bathroom facilities for two downstairs bedrooms. • Two residents will be provided with the opportunity to move to a downstairs bedroom in line with their needs , will and preference. • The nominee provider will continue to explore options for increased living space • The kitchen in one of the houses within the designated centre will be replaced. • A specific bed base has been sourced for one of the residents which will provide additional storage space for their belongings. • The nominee provider will source an interior designer for recommendations on one residents storage needs within their bedroom due to size and layout. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The registered provider has a policy in place and will ensure that all staff have completed mandatory training on, The Protection and Welfare of Vulnerable Adults & the Management of Allegations of Abuse. Additional training on the policy has been provided by the staff within the designated centre , 27-7-22.</p> <p>The person in charge or in their absence the person participating in management will ensure the correct processes are implemented when reporting an incident, allegation or a suspicion of abuse as outlined in the organisational policy.</p> <p>The person in charge will ensure that safeguarding including all potential types of abuse and the importance of notifications are on the agenda for staff meetings.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The residents within the centre will be supported to have their wishes and preferences reflected in their plan of care.</p>	

The person in charge will ensure that all plans or changes that are planned within the residents homes are fully discussed and agreed during residents meetings.

A number of residents will be supported with a discovery process which will help to identify their wishes and preferences, this is due to commence in October 2022.

The residents within the centre have met with the human rights officer who remains available to meet or consult with the residents as required.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/09/2022
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	30/09/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	30/08/2022

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/08/2022
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	Red	30/01/2023
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	30/01/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its	Not Compliant	Red	30/01/2023

	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	Red	30/09/2022
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.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	08/08/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	02/08/2022

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Red	02/08/2022
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	30/09/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Red	30/09/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Red	02/08/2022
Regulation	The registered	Not Compliant	Red	01/09/2022

34(3)(a)	provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: the person nominated under paragraph (2)(a) maintains the records specified under paragraph (2)(f).	Not Compliant	Red	01/09/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	02/08/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	02/08/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	30/09/2022

	accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Red	01/09/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/09/2022