



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:	16 November 2022
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0037867

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 up to thirteen ladies and gentlemen with intellectual disabilities across three residential locations in West Co. Dublin. 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 five 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. Residents are supported by a person in charge, social care workers and healthcare assistants, and staff support is available 24 hours a day, seven days a week. 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:	13
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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
Wednesday 16 November 2022	09:30hrs to 16:40hrs	Marie Byrne	Lead
Wednesday 16 November 2022	09:30hrs to 16:40hrs	Michael Keating	Support

What residents told us and what inspectors observed

This unannounced inspection was completed 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. The inspectors of social services found that while there had been improvements in the levels of compliance with the regulations on this inspection, the provider needed to take a number of additional actions to ensure that residents were in receipt of a good quality and safe service. These areas related to the premises, staffing numbers, staff training, governance and management, and the oversight of residents' finances.

Castlefield Group is comprised of three community houses which are close to each other in an area of West Co. Dublin. There are good public transport links in the area and there are a number of vehicles in the centre to support residents to access day services, and activities in their local community.

The inspectors used observations, discussions with residents and staff, and a review of documentation to ascertain the lived experience of residents in the centre. Inspectors visited the three houses that made up the designated centre during the inspection and had an opportunity to meet and briefly engage with six residents. Overall the inspectors found that improvements made by the provider since the last inspection had resulted in positive outcomes for residents. For example, improvements were noted in terms of residents' rights, safeguarding, and the management of complaints.

The provider had taken a number of steps to ensure that residents were more involved in decisions relating to their care and support and a number of residents were being supported by the organisation's human rights officer in relation to their complaints and some of their goals. One resident had been supported by a job coach and talked with an inspector about how they had recently secured employment in a local shop. They described how excited they were to start their new job.

In line with the findings of previous inspections, the inspectors found that there was a warm and welcoming atmosphere in each of the houses. For the most part, the houses were found to be clean during this unannounced inspection. There was an area of one of the houses was found to be unclean and this will be discussed later in the report under Regulation 15 Staffing. The houses were also found to be warm, comfortable and for the most part well maintained. There were areas where improvements were required and these will be detailed under Regulation 17.

Residents' bedrooms were personalised to suit their tastes and they had their favourite personal possessions and photos on display. A number of residents showed inspectors their favourite things, and showed them their favourite pictures. Residents talked about things they liked to do, and about where they liked to spend

their time. They spoke about going for walks, taking part in the mini marathon, going on holidays, spending time with their family and friends, going out for meals, and going shopping. The residents in one of the houses had been on holidays since the last inspection and one resident showed an inspector pictures of them and their housemates enjoying their holiday. In another house a resident talked about their upcoming birthday and who they had invited to join them for their birthday celebrations. Another resident spoke about a recent stay in a hotel where they had enjoyed having a massage. A number of residents also spoke about the upcoming Christmas Party which was organised by the provider. They talked about how they had missed this party for the last years, and about how much they were looking forward to seeing all their friends.

A number of residents told inspectors that they were not happy with the size of their bedroom. One resident had an open complaint in relation to this, and another stated they had told their keyworker about it and were hoping to move to a bigger bedroom in the house once renovations were completed in their home. Staff spoke about the importance of respecting residents' property and personal information. There were policies, procedures and guidelines in place in relation to personal possessions and keeping residents' information private and safe. Inspectors found that improvements were required in relation to the oversight and audit of residents' personal possessions and these will be discussed under Regulation 12.

Staff spoke with inspectors about speaking with residents about their preferences in relation to developing and maintaining relationships, and the step they take to support them. Staff spoke about the steps they take to ensure residents' privacy and dignity were maintained. In each of the houses residents spoke about important people in their lives. They spoke about keeping in touch with, and spending time with their family and friends. Efforts were made in each of the houses to ensure that residents had access to enough private and communal spaces; however, residents and staff spoke about an absence of private space for residents to spend their time in, or to meet their visitors in one of the houses.

One resident had an open complaint for an extended period and the provider was supporting them to explore all available options at the time of the inspection. Actions were not progressing in timely manner but inspectors found that the resident had been more involved in exploring their options since the last inspection. The resident was not yet fully satisfied, or happy with the how long their complaint was taking to resolve, but this is why their complaint remained open. The provider had offered them a number of options to resolve their complaint, but they were very clear in their responses that these options were not suitable for them.

Inspectors found that there were examples of good practices in terms of person-centred and human rights based approaches to care and support in the centre. A number of staff spoke with inspectors about training they had completed and how it influenced how they provided support for residents. They spoke about the importance of listening to residents and to see what is important to them by finding out what their background and interests are. They spoke about residents' valued roles and the importance of building up their experiences in order to find activities they enjoyed and found meaningful. They also spoke about the importance of

ensuring residents were making decisions based on information presented in a format that meets their communication needs and preferences.

In one of the houses residents had developed a collage in relation to the FREDA principles (fairness, respect, equality, dignity, and autonomy) which they had on display in their home. In another house there was a colourful poster on the charter of rights. In one of the houses a resident spoke with an inspector about their rights. They talked about "standing up for myself", and "having my voice heard". They said they would go to staff if they had any concerns about their rights not being respected.

Staff took every opportunity to speak with inspectors about residents' skills and talents. They were observed to knock on doors prior to entering, and inspectors observed warm, kind, and caring interactions between residents and staff throughout the inspection.

Inspectors found examples of good practice in relation to advocacy in the centre. This was both in terms of residents being supported to advocate for themselves, and in terms of residents awareness of their option to access independent advocates. One resident has accessed an independent advocate and inspectors viewed documentary evidence that they had been discharged from their service as they were doing such a good job advocating for themselves, with some supports from staff.

There was evidence of a good balance between residents' rights and risk in the centre. For example, residents were accessing their community independently, staying at home without staff support, and travelling on public transport independently. A number of residents spoke about how important their independence was to them, and how well staff supported and encouraged them to develop and maintain their independence. A resident spoke with an inspector about the steps they had taken to use public transport independently to get to day services and some of their favourite places. They spoke about the skills they had gained and about how confident they now felt using public transport. They talked about how great it was to get to their favourite places with such ease.

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 to follow up on the actions from the provider's compliance plan submitted following the last inspection in the centre on 05 July 2022, which was linked to the provider's response following a warning meeting and letter issued to them by the Chief Inspector of Social Services following this

inspection. Overall, the findings of this inspection were that while the provider demonstrated that they were progressing some actions which were leading to improvements in relation to residents' care and support, further planned actions needed to progress in order to ensure that residents were in receipt of a good quality and safe service.

In 2021, following an inspection where non-compliance's 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 registration renewal of the designated centre was issued to the provider by the Chief Inspector of Social Services. Following the submission of a comprehensive plan from the provider, this was withdrawn and a restrictive condition was added to the registration of the designated centre. This related to Regulations 9 Residents' Rights, and Regulation 17 Premises.

Inspectors found that improvements were noted on this inspection which were having a positive impact on the lived experience of residents in the centre. These particularly related to the oversight and monitoring by the provider, safeguarding, and residents' rights. However, sufficient assurances were not provided to remove the restrictive condition of the registration of the centre, particularly relating to Regulation 17. Overall, inspectors found that the management systems in the centre were not proving fully effective as systems and practices were found to be different in the three houses. For example, rosters, and the oversight and monitoring of residents' finances.

Recently completed audits and reviews were picking up on areas for improvement in line with the findings of this and previous inspections, and there were systems in place to track actions from these. For example, the latest six monthly audit had identified the need for improvements in relation to, residents' finances, follow up on actions from complaints, maintenance and repairs, the review of risk assessments, staff training, audits, and staffing. The provider was tracking actions from previous inspections and their own audits and reviews and while they majority had progressed, a small number were marked as late and some were marked complete, but this was not in line with the findings of this inspection. For example, Regulation 15 Staffing actions, and Regulation 31 the notification of incidents actions were marked complete.

One resident had moved to another centre in line with their changing needs, another resident was being supported to access allied health professionals and completing assessments in line with their changing needs, and a number of residents had, or were in the process of completing individual needs and preference assessments to identify their future wishes or needs relating to accommodation. Inspectors found that while these were being completed, one of these were not progressing in a timely manner. The provider was aware of this and seeking additional supports for this resident to ensure they were fully informed, prepared, and aware of their options.

In October 2022, the provider submitted an application to vary to reduce the registered bed number in the centre from 14 to 13, and this was progressed. This

was the second application to vary made by the provider in 2022, so the registered bed numbers had reduced from 15 to 13, and the reduction in the number of residents living in two of the houses. Residents and staff spoke with inspectors about the positive impact of this in each of the houses.

The inspection was facilitated by the new person in charge who had started working in the centre a number of weeks before the inspection. They were supported in their role by a number of persons participating in the management of the designated centre (PPIM) and a service manager. One of the PPIM's and the service manager visited one of the houses during the inspection, and attended feedback at the end of the inspection. Through discussions with the person in charge, PPIM, and the service manager it was evident that they were working on implementing the actions from audits, and identifying areas for improvement in line with the findings of this inspection. The new person in charge had developed a document to capture their communication with residents and staff to ensure that they were capturing their views and following up and completing the required actions.

As previously mentioned, residents were complimentary towards the members of the staff team. However, inspectors found that there were not enough staff to meet the number and needs of residents in the centre. For example, in one of the houses inspectors found that on the morning of the inspection there were not enough staff to ensure that each resident had their needs met. One staff was supporting residents to attend day services, while another staff was in the house supporting the remaining residents. This staff needed to prioritise activities such as supporting residents to attend day services and the administration of medicines, and this had resulted in the staff on duty not being assured that an aspect of one residents' support needs were fully attended to, or that their bedroom and ensuite were clean. In addition, from a review of documentation and through discussions with staff, inspectors found that one resident who used to get 1:1 time with staff on their day off, does not always get this now due to changing dynamics, including residents' changing needs in the house. The agenda which had been prepared for the next staff meeting in one of the houses, included an agenda item on the need for additional staff supports in line with residents assessed needs.

An inspector spoke with one staff who had completed human rights training and they described how they applied the principles they had learned in their day-to-day practice. They spoke about how important it is for staff and providers to recognise that residents have the same rights as everybody else. They also spoke about the importance of staff listening to residents and supporting them to take ownership of their rights. They spoke about the FREDA principles and spoke about these influence their day-to-day practices. Inspectors also spoke with another staff who was completing person centred planning training, and they described how this training had changed their way of thinking. For example, they said it highlighted the importance residents being central in decision making, and in working together to identify meaningful and achievable goals.

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.

Regulation 14: Persons in charge

The new person in charge had the qualifications, skills and experience to meet the requirements of Regulation 14. They had commenced in their role a number of weeks before the inspection and were found to be aware of their roles and responsibilities in relation to the regulations. They were also found to be aware of the areas where improvements were required to bring about compliance with the regulations and to improve the quality and safety of care and support for residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters and discussions with residents and staff, it was evident that there were not the right number of staff to meet the number and needs of residents living in the centre. Inspectors were informed that the provider was aware of this and had just completed a staffing review with the human resource department. Inspectors were informed that there was one whole time equivalent vacancy in the centre, but based in the number of shifts being covered by relief and agency, and the number of staff required in some of the houses day and night, inspectors found that the whole time equivalent numbers identified in the statement of purpose for the centre was not accurate.

While improvements were noted in one of the houses in terms of continuity of care and support for residents, this was not found to be the case in the other two houses. From a sample of rosters reviewed, more shifts were being covered by relief or agency staff, than by regular staff. For example, over a four week period in one of the houses, on average of ten shifts per week were covered by relief or agency staff, and eight shifts were covered by regular staff. In addition, residents told the inspectors about the negative impact of having numerous different agency and relief staff supporting them. For example, residents told inspectors that "its very hard when relief staff are here", "its awkward when relief staff are here". From a review of a sample of rosters six to eight different relief or agency staff were covering the required shifts weekly. Inspectors were informed by a member of the management team that the provider was attempting to identify regular relief staff to cover the required shifts for the centre.

Residents were very complimentary towards the regular staff in the centre and inspectors found that staff who they spoke with during the inspection were very knowledgeable in relation to residents' care and support needs and motivated to

ensure they were happy and felt safe living in the designated centre.

Inspectors found that there were different roster template areas in some areas of the centre and also that they were maintained to a different standard. For example, in some areas the first and second name of staff was present on the actual rosters and in others they were not.

Judgment: Not compliant

Regulation 16: Training and staff development

For the most part staff had completed mandatory training in line with the organisation's policies and procedures. However, a small number of staff required training or refresher training in areas such as fire safety, the safe administration of medicines, and the administration of rescue medicines.

Overall, inspectors found that staff in the centre were supported to complete training to support them to provide person-centred services and supports for residents. Inspectors spoke with a number of staff who described the positive impact of having completed courses on human rights and person centred planning on their day-to-day practice. From the records reviewed, a small number of staff had completed human rights training and inspectors were informed by members of the management team that there were plans in place to roll out this training to all staff in the centre, and for the human rights officer to meet with staff to complete on-site training with staff. The training matrix now had a column for human rights training.

Staff were in receipt of formal supervision in line with the provider's policies and procedures, and the new person in charge had a schedule in place to ensure this continued.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined and staff had specific roles and responsibilities. There were management systems in place but they were not proving fully effective due to the lack of progress on some actions, and the different systems and practices found in different house.

The provider had completed an annual and six monthly reviews and these were picking up on a areas for improvement in line with the findings of the inspection. The actions from audits and reviews were being tracked and the actions that had been completed were leading to improvements in relation to residents' care and

support and their houses.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and from the sample reviewed, the majority of notifications were submitted to the Chief Inspector of Social Services as required, and within the timeframe identified in the regulations. However, three allegations of abuse had been submitted outside the timeframe identified in the regulations. Inspectors acknowledge that one of these was a retrospective allegation.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were systems in place for the oversight of complaints in the centre, with a register in place and monthly and quarterly audits being completed. Inspectors found that complaints were investigated promptly and that residents were assisted to understand the complaints procedure, and to make complaints. The complaints process was on display in an easy-to-read format. There were also pictures of the complaints officer and the human rights officers in the houses. Complainants were informed of the outcome of their complaints and for the most part, the measures required for improvement in response to a complaint were put in place. There were some open complaints in the centre for an extended period but inspectors found that the provider was continuing to work with complainants in an attempt to resolve their complaints.

Judgment: Compliant

Quality and safety

Overall, inspectors found that improvements had been made in relation to the quality and safety of care and support residents were in receipt of since previous inspections in the centre. Residents were involved in the day-to-day running and upkeep of their home. Their rights were promoted and those who spoke with the inspector said they felt safe in their home. While the majority of residents were happy in their home, a number of residents were not fully satisfied. For the most

part, the provider was aware of this any taking action to bring about the required improvements. However, as previously mentioned progress was slow in relation to some of these actions particularly relating to the planned works to the premises. Some further improvement was also required in relation to the oversight of residents' finances.

Residents were supported to retain access to and control over their belongings. While there were policies and procedures in place in relation to residents' personal possessions, there were gaps in practices and the documentation of balance checks in the centre and this will be discussed further under Regulation 12. For the most part residents had adequate space to store their belongings and a number of residents showed inspectors their favourite possessions during the inspection.

As previously mentioned, works were planned in the centre including the refurbishment of a number of bathrooms and kitchens. While areas of the houses, including residents' bedrooms were comfortable and personalised, there remained areas where maintenance and repairs were required, and a number of residents had identified that they would like bigger bedrooms or to move out of the designated centre. In some of the houses, there was adequate private and communal spaces, this was not the case in others. The provider was aware of this and working with an architect and their facilities department to plan some works. These works were not progressing in a timely manner, and needed to progress, to ensure that some residents were happy in their homes.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training to ensure they were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy.

Improvements were noted in terms of residents' involvement in decision relating to their care and support. Inspectors observed residents being treated with dignity and respect during the inspection. Residents were encouraged and supported to make decisions about what they wished to do, and where they spent their time. Residents were supported to access advocacy services, or to seek the support of the human rights officer in the organisation, if they wished to. Residents were also encouraged to have structure in their daily lives and to set and reach their goals. While residents could communicate and spend time with their family and friends if they wished to, there was a lack of private space other than their bedrooms, available for some residents. This is captured under Regulation 17.

Regulation 12: Personal possessions

Overall, inspectors found that residents were retaining access and control over their belongings, and were provided with support to manage their financial affairs. However, inconsistent practices were found in relation to the oversight of residents' finances. For example, in one area there were guidelines in place for checking

balances which were comprehensive in nature and being implemented, but in another area daily checks were not being completed in line with the provider's policy.

Residents could do their own laundry if they wished to, and for the most part had adequate storage for their belongings. One resident was in the process of being supported to ensure they had enough storage space for their belongings.

Judgment: Substantially compliant

Regulation 17: Premises

In line with the findings of previous inspections, there were a number of areas where maintenance and repairs were required. For example, there was plaster crumbling beside one window and there appeared to be a leak above it, there appeared to be mould forming in an area of two of the houses, a number of vanity units in bathrooms were damaged, two kitchens were scuffed and damaged, and there was a broken radiator cover. While it was evident that some improvements had been made in some of the houses to make them more comfortable and homely, there was limited evidence to show progress on other planned works in the centre. Inspectors were informed that upgrade works were on a priority list to be completed; however, based on the lack of progress at the time of the inspection, it was not evident that these works would be completed in line with the timeframe identified by the provider in the compliance plan they submitted following the last inspection. For example, a bathroom required refurbishments, and two kitchens were due to be upgraded by the end of January 2023.

There was a lack of private space, particularly in one of the houses. Inspectors were informed that the provider was aware of this and efforts were being made to make the most of the space available, by reorganising the kitchen and dining room when it was being refurbished. However, there remained limited communal space in this house. A number of residents also spoke about their bedrooms being too small. The provider was working with one resident to examine their options, and another resident informed inspectors that they had discussed their concerns with their keyworker.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training to ensure they were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Those who spoke with inspectors were found to be aware of these roles and responsibilities.

There had been a number of allegations of abuse since the last inspection and inspectors found that these had been reported and followed up on in line with the organisation's and national policy. A number of residents who spoke inspectors stated that they felt safe in the centre and them who they would speak to if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Through discussions with residents and staff, and a review of documentation it was evident that improvements had been made in relation to ensuring that residents' rights were respected since the last inspection. While some residents were not fully satisfied with their home, there was evidence that efforts were being made to deal with their complaints and concerns.

Residents' meetings were occurring regularly and areas such as infection prevention and control (IPC), menu planning, advocacy, staffing supports, activity planning, fire, residents' rights, complaints, and safeguarding were discussed. The residents' meeting folder in one house had a copy of the most recent inspection report in the centre, and this had been discussed with residents during their meetings. There was information available in an easy-to-read format on areas such as IPC, advocacy, residents' rights, and understanding abuse.

Resident told inspectors about how their rights, privacy and dignity were maintained and about how they could get involved in the day-to-day running of the centre whether that be meal planning or activity planning, or the upkeep of the house. There was a human rights officer in the organisation and some residents were being supported by them in relation to their complaints and goals. Residents had access to information on how to access advocacy services and some residents were, or had sought the support of independent advocates.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0037867

Date of inspection: 16/11/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge (PIC) will make will ensure the same staff roster template is being used throughout the centre. All names, grades of staff will be added to the roster including relief and agency staff. The PIC will undertake an audit of the roster weekly which will be reviewed monthly by PIC /PPIM The Provider is engaging with the recruitment process to recruit outstanding vacancies. The provider is committed to undertaking a staffing review with Human Resources department to ensure skill mix and numbers are appropriate to the needs of the centre. This will be reflected in the staffing in the Statement of Purpose.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has completed a training needs analysis which is reflective of the needs of the centre. All mandatory training has been requested and scheduled for staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PPIM has weekly meetings with the PIC in the designated centre. The PPIM will have weekly visits to the centre The Provider has identified actions through their six monthly audits and these actions will be completed in a timely manner. The provider has committed to undertake all work identified within the premises.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of</p>	

incidents:

The PIC will ensure that all notifications are completed within the required time frame
The PIC has discussed with all the team regarding timely notification of incident
The Provider has identified training which specifically focuses on understanding the Regulations and Standards, the PIC will be supported to undertake this training .

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The PIC will ensure that an inventory of possessions is completed and updated regularly for each person supported.

The PIC will ensure that the systems within each area in the designated centre are based on the Providers policies

The PPIM will have oversight of these audits at their monthly meetings with the PIC

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The provider has tendered the renovation of two kitchens in two of the properties

The provider has tendered the renovations of the two ensuite bathrooms in one of the properties to ensure they are fully accessible for residents.

The Provider has identified all work which needs to be completed throughout the centre.

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.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Not Compliant	Orange	30/03/2023

	number and 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	28/02/2023
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	09/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet	Not Compliant	Orange	31/01/2023

	the aims and objectives of the service and the number and needs of residents.			
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.	Not Compliant	Orange	31/01/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2023
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 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.	Not Compliant	Orange	31/01/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out	Not Compliant	Orange	31/01/2023

	in Schedule 6.			
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	31/01/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/12/2022