

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

## Issued by the Chief Inspector

Name of designated centre:	Kinvara Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	28 August 2024
Centre ID:	OSV-0005729
Fieldwork ID:	MON-0035362

## About the designated centre

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

Kinvara Group Community Residential Services comprises two houses based within walking distance of each other in a suburban area of Dublin. The centre provides care and support for four residents in each of the houses. Residents in one house have low support needs, while residents in another house have medium to high support needs. Staff teams in each of the houses consist of social care workers and care assistants. The provider states that their vision is for people to live their best lives as active citizens in an inclusive society.

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

Number of residents on the date of inspection:	8
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 28 August 2024	09:15hrs to 16:55hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

From what residents told us, and what the inspector observed, residents living in this designated centre were supported to actively engage in their local communities, to access activities and places of interest, and to have a good quality of life. This inspection had positive findings, with one area requiring improvement and this is discussed under Regulation 15: Staffing below.

Kinvara Group Community Residential Services comprises two houses which are within walking distance of one another in a busy suburb in north Dublin. The first house is a four-bedroomed terraced house. Downstairs, there is a sitting room, a resident's bedroom, a utility space, an accessible bathroom and a kitchen and dining area. To the back of the house is a patio with a seating area for residents to enjoy. Upstairs comprises three resident bedrooms and a bathroom. There was no an office area in the house, which meant that medication and residents' care plans were stored in locked cabinets in the dining area of the kitchen. Since the last inspection, a number of upgrades had been made to the property including painting and placing of a patio area outside. The house had photographs and canvases on the wall of residents. The inspector had the opportunity to see residents' bedrooms and found them to be personalised and reflective of each of their interests. The house was clean and warm. The second house is a terraced house in a cul-de-sac. Downstairs there are two sitting rooms, a kitchen and an accessible bathroom. The back garden had garden furniture and a barbeque. On the first floor, there were four bedrooms, one of which was used as a staff sleepover room and office. On the second floor was a bedroom which accommodated one resident. The centre was located in a suburb of Dublin, and had a number of amenities within walking distance such as shops, a coffee shop and a swimming pool. Many of the residents were able to access these amenities independently. The centre had one bus which was shared between the two houses. Some residents attended day service on set days each week, while others had retired. Residents reported that they enjoyed going out for walks, going shopping and going out for meals.

There were eight residents living in the centre on the day of the inspection. One resident was living there on a part-time basis and was not present on the day, while another was on holiday. The inspector had the opportunity to meet with five residents, and to speak with another resident by phone. All of the residents used speech to communicate in addition to their body language, eye contact, and gestures. For one resident, due to their changing needs, it was evident that they required additional communication supports to ascertain their wishes when they were alert. Staff in both houses were noted to facilitate interactions and to respond to residents' communication. Interactions were kind and friendly in nature.

On arrival to the first house, three of the residents who lived there on a full-time basis were engaging in their morning routines. One resident told the inspector that they had a day off, and that they were going out for coffee and to purchase a magazine which they enjoyed. They showed the inspector the television which had a

subscription to a streaming service and that they enjoyed watching their favourite show. The other two residents were seated at the kitchen table chatting over a cup of tea. One of the residents told the inspector they had recently enjoyed a hotel stay with their family, and that they enjoyed getting their nails and hair done. They spoke about their upcoming person-centred planning meeting and how they had a goal of redecorating their bedroom. The person in charge supported the resident to show the inspector photographs of them engaging in activities which they enjoyed. The third resident spoke about a recent surprise birthday which they had enjoyed in a hotel, and a recent visit to the Dublin Horse show. Again, the inspector was shown photographs of both events. The resident spoke about their upcoming planning meeting with family, and later went to get their hair done. Both of the residents gave the inspector a tour of their home, and showed them their bedrooms. There was a very relaxed and friendly atmosphere in the house, and residents appeared to be comfortable and content. They told the inspector who they could speak to if they had any complaints. One spoke about a complaint they had made in relation to a proposal to changing a sitting room downstairs into a bedroom for a new resident. They were supported to make the complaint to ensure that they continued to have two sitting rooms to enable them to have a private space to have visitors in.

In the second house, four residents lived there on a full-time basis. On the day of the inspection, one of the residents was on holiday, while the inspector met the remaining three residents. On arrival to the house, one of the residents was sitting in front of the television while doing a jigsaw. They told the inspector they were retired and that they enjoyed going to a local knitting club and swimming. They spoke about plans to visit family the week following the inspection. The resident showed the inspector their bedroom and pointed out photographs of previous residents. They told the inspector that they liked the house and how they enjoyed sitting and watching television with their friend each evening. Another resident was seated in their wheelchair being supported to enjoy a coffee. The inspector interacted with the resident with staff support. The resident appeared well presented and comfortable in the company of staff. They answered questions from staff about their preferred radio station, about their family members and their plan for the day. The inspector spoke with another resident over the phone, in addition to receiving a poem which one of the residents had written.

The inspector received seven residents' questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek feedback on residents' views of their home such as their daily routines, consultation about the service they get, staffing and choice making. For the most part, residents were noted to be happy with all aspects of their life in the centre. one resident said *"I love where I live and I'm so happy there"*. Another said that having a number of different relief staff working in the centre was difficult for them. One resident spoke about how staff now had additional paperwork, and they did not have as much time to sit and chat and sing as they used to. They reported that this was something they missed. Another resident said *"I like all my friends in the house"*.

Staff had completed training in a human-rights based approach to health and social care. Throughout the day, the inspector noted examples of how residents' rights were promoted and upheld in their home. For example, in one house a resident had

been supported to make a complaint that their front door was difficult to manage. This had resulted in the door being fitted with a swipe card, which promoted the resident's independence to ensure that they could access their door without staff support. Residents were well supported to maintain relationships with family and friends. A final example noted by the inspector was staff advocating for a resident on their right to remain in their home in spite of a significant change in their care and support needs.

In summary, the inspector found that residents were living in nice environments, and that they were supported to lead healthy and active lives. The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how those arrangements affected the quality and safety of the services being delivered.

## Capacity and capability

This was an announced inspection which took place to monitor compliance and to inform a decision on the application to renew the registration of the centre. Since the last inspection, the provider had applied to vary the conditions of registration to increase the size of the centre one to two houses. This had been granted in January 2024. As outlined at the beginning of the report, this inspection had high levels of compliance with the regulations inspected. Improvements were required in Regulation 15: Staffing which is discussed below.

The provider had management systems and structures in place to ensure that the service provided was safe, consistent and appropriate to residents' assessed needs. There was a clear reporting structure in place, which meant that each member of staff was aware of their roles and responsibilities. The provider had carried out an annual review and six-monthly unannounced provider visits in line with regulatory requirements and these were found to identify areas requiring improvements. Day-to-day oversight was the responsibility of the person in charge. They carried out a number of audits in line with the provider's schedule and these were actioned and reviewed with their line manager on a monthly basis. Information about residents, safety updates and other aspects of care and support were shared in the organisation in a number of ways. This included staff meetings, safety pauses, supervision meetings, and meetings between the person in charge and the person participating in management. The person in charge attended regular meetings with other social care leaders in the region, and these minutes were shared with staff.

While the inspector found that there was an adequate number of staff on duty in the centre, and that the staffing levels had been increased in line with residents' changing needs, there was a reliance on relief or agency staff to fill approximately one third of shifts in one of the houses in the six weeks prior to this inspection taking place. The provider was actively recruiting for vacant posts, and had measures in place to try and provide continuity of care for residents. However,

having additional staff in the house was having a negative impact on some residents, with two residents commenting that having staff whom they didn't know was difficult at times. Another resident had additional measures in place to manage their anxiety around new staff coming into the house. Staff had access to training and development pertinent to their roles and in line with residents' assessed needs.

#### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge which was submitted prior to the inspection taking place. These documents demonstrated that the person in charge had the required qualifications and experience to meet the requirements of Regulation 14. The person in charge reported that they worked on a full-time basis and split their time between the two houses. It was evident that residents were familiar and comfortable in their company, and that they had good knowledge of each resident and their assessed needs.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed rosters for six weeks prior to the inspection taking place. These indicated that there were adequate numbers of staff on duty to provide care and support in line with residents' assessed needs. The provider had increased staffing levels in response to a resident's changing needs, particularly related to safe evacuation. This included having two waking staff to ensure that residents' safety could be maintained at all times. However, due to vacancies in the centre, approximately one third of shifts in one house were covered by relief or by regular staff in the centre doing overtime. For example, over this time period, between 11 and 12 shifts were required to be filled. One week had 11 shifts vacant, which were covered by five relief staff and three regular staff. Another week had 12 shifts to be covered. Six shifts were covered by regular staff doing overtime, while the remaining six were covered by regular staff. There had been a total of 13 relief staff complete shifts in that time period. Residents in the centre had reported that they found it difficult to have relief staff whom they didn't know. Another resident had a specific protocol in place to support them due to the anxiety caused by having unfamiliar staff on duty. While it is acknowledged that the provider was endeavouring to get the same relief staff, it remained the case that due to vacant shifts and the number of staff filling those shifts, there was a negative impact upon residents living in the centre.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for all staff in the centre. This demonstrated that there was good oversight of training which staff had completed, and the dates which they were due to do refreshers as appropriate. Some of the mandatory courses completed were in fire safety, safeguarding, manual handling, the safe administration of medication and food safety. Staff had completed a suite of courses relating to infection prevention and control such as hand hygiene and respiratory hygiene and cough etiquette. In each house, staff had completed training which was directly relevant to residents' assessed needs in areas such as feeding, eating, drinking and swallowing, epilepsy and buccal midazolam.

All staff had completed training in human rights, and in advocacy and it was evident that there was a person-centred approach to care and support in the centre which promoted residents' rights. The inspector viewed supervision records for three staff in addition to a supervision schedule which the person in charge had in place to ensure that all staff received supervision in line with the provider's policy. Staff supervision records were found to include discussions on training, rosters, person-centred planning in addition to support as required.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed documents throughout the day and found that the records detailed in Schedule 4 of the regulations were present and accessible in the centre, and that they were appropriately maintained.

Judgment: Compliant

## Regulation 22: Insurance

The inspector reviewed the provider's insurance details which were submitted with their application to renew the registration of the centre and found that the provider had ensured that the building and contents were appropriately insured, in addition to risks and injuries in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the provider had management structures and systems in place which were effective in monitoring residents' care and support in the centre. The inspector viewed the provider's annual review in addition to the most recent six-monthly unannounced provider visit. These were found to be identifying areas for improvement. The person in charge maintained an action log to ensure that these improvements were progressed in a timely manner.

The person in charge was responsible for the operational management of the centre. They monitored care and support using a number of audits in key service areas such as finances, medication, incidents and accidents and care plans. They were tasked with implementing any areas identified through provider visits or the annual review. The person in charge and person participating in management met every month. The inspector viewed minutes from the most recent meeting and found that there was a set agenda in place which ensured that key service areas were discussed. For example, the agenda included staffing, finances, risk management, health and safety, incidents and accidents, staff training, safeguarding and a number of other areas. Again, these meetings had clear actions which were reviewed each month.

Information was shared between the staff team and management in a number of ways to ensure clear communication, and to enable the service to run effectively. Staff meetings occurred every two months and there was a set agenda in place. The inspector viewed minutes of five of these meetings and found that issues such as safety alerts, safeguarding, medication, incidents and accidents and feedback from social care leaders meetings were shared. Safety pauses took place at handover each morning.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it met regulatory requirements, that it was regularly reviewed and that it was reflective of the centre and services found on the inspection.

Judgment: Compliant

## Quality and safety

The inspector found that residents living in the centre were receiving person-centred care and support which enabled them to have a good quality of life. Residents had assessments of need carried out and there were care interventions in place to ensure those identified needs were met and supported. Residents had access to a range of health and social care professionals to ensure they remained in good health.

Residents were leading active lives and engaging in a range of meaningful activities outside of their home. For example, attending day services, going swimming, going out for walks, to visit friends and family, or going shopping. There was a bus shared between the two houses. Residents were found to be safeguarded through policies and procedures, staff training and ensuring that any incidents were reported and managed in line with national policy.

The provider had risk management systems in place to ensure that risks in the centre were identified, assessed and managed to ensure the ongoing health and safety of residents, staff and visitors to the centre. They had systems in place to manage adverse events and to share any learning to mitigate future risk.

There were fire safety systems in place which included equipment in each house, documentation to ensure that this equipment was regularly checked and serviced , and there were also fire orders on display in prominent locations. Fire drills were carried out frequently to ensure that safe evacuation of residents and staff remained achievable in light of a residents' changing needs.

### Regulation 13: General welfare and development

The inspector spoke with residents and staff and reviewed residents' meetings, residents' person-centred plans and care plans which demonstrated that residents' general welfare and development in the centre was promoted. Many residents were supported to attend their day service a number of days each week. Others were retired and had retirement plans in place. To ensure oversight and equal opportunities to engage in activities outside the centre, there was a 'quality of life' record sheet which showed activities each resident had done on a monthly basis. These demonstrated that residents were enjoying going out for meals, going to the hairdresser, getting their nails done, going to church and going shopping. Some residents were able to use the locality independently, and some reported to the inspector that they enjoyed going swimming. Another reported that they liked to go for coffee and out to get a magazine on their day off. The inspector observed the resident leaving with staff and returning with their magazine later in the morning. Another resident went to a local hairdressers.

Residents were supported to maintain relationships with those who were important to them. One resident was supported to visit a former resident in their new home in the locality. Families were evidently engaged in the service, with records of family contact kept. Many residents spoke with family members on a regular basis , and one resident told the inspector that they had family coming to attend their person-

centred plan the day after the inspection.
Judgment: Compliant
<b>Regulation 17: Premises</b>
<p>The inspector did a walk about of both houses, one with a resident in the company of the person in charge, and the other was done with a resident. Since the last inspection, one of the houses had been painted and the patio area of the garden had been resurfaced. Both of the houses were found to be warm, clean and homely. There was ample facilities for bathing and showering in addition to toilet facilities. A number of members of the senior management team had carried out a quality and safety walk around in April and the inspector viewed actions which had been identified which included minor amendments such as painting some areas, removing signage and replacing a kitchen. These were in progress on the day of the inspection.</p> <p>All of the residents' bedrooms were homely, nicely furnished and reflective of each residents' preferences and life history. For example, one resident showed the inspector a large cardboard cut out of their favourite movie star, while another showed the inspector family photographs and photographs with residents who had previously lived with them. Personal affects were on display such as jewellery, wool and jigsaws.</p>
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
<p>The provider submitted a residents' guide with their application to renew the registration of the centre. This guide was reviewed by the inspector and it was found to contain all of the required information and was available for residents in the centre.</p>
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
<p>The inspector viewed the centre-specific safety statement, the risk log, risk assessments pertaining to each house, and a sample of four residents' risk assessments, and a log of incidents and accidents. All of these documents</p>

demonstrated that the provider had systems in place for the assessment, management and ongoing review of risk, including a system of responding to emergencies.

There was an incident and accident log of any adverse events which had occurred in the centre. This was reviewed each quarter to ensure that any identified trends were responded to. For example, there had been a number of medication errors in one house. As a result of this trend, the provider had a plan to move the location of the medication press to a quieter space in order to allow staff to prepare medication without distraction. Incidents and accidents were also reviewed on a quarterly basis for each resident. The inspector viewed a sample of four of these and noted that actions had been taken where required in response to incidents. Any learning from incidents was shared at the daily safety pause, in the communication book, and at staff meetings to ensure that all staff were aware of any additional measures required. Risk assessments were in place for the centre, and for each individual in line with their assessed needs. These were viewed for both houses and found to be regularly reviewed, and revised where required.

Judgment: Compliant

## Regulation 28: Fire precautions

As mentioned earlier in the report, the inspector completed a walk about of both houses. It was observed that there were fire doors, emergency lighting, smoke alarms and fire fighting equipment in each house. The inspector manually closed each of the doors and found that they were in good working order. The inspector viewed servicing and maintenance records for equipment and found that they were in date. Checks of all fire equipment took place daily, weekly, monthly and quarterly in line with the provider's policy.

The inspector viewed a record of fire drills which had taken place in each house. There had been eight fire drills carried out in one house, and eleven in another in order to make necessary adjustments to staffing and the evacuation plan due to residents' changing needs. Residents in both houses had up-to-date personal emergency evacuation plans in place which were regularly reviewed.

Judgment: Compliant

## Regulation 6: Health care

The inspector reviewed a sample of four care plans. These indicated that the provider was actively supporting each of those residents to have best possible health. Residents had access to a local general practitioner (GP) and were facilitated

to attend their GP if they expressed any concerns about their health to staff. Residents also had access to a range of health and social care professionals in line with their assessed needs. For example, some residents required access to a physiotherapist, others a speech and language therapist and so on. Records of all appointments attended were kept on file, and residents' health was monitored within the centre. For example, blood pressure, monitoring their weight etc. Care plan audits were carried out on a regular basis to ensure that these checks were completed, and that any follow up from appointments which was outstanding was progressed. Residents in the centre had access to National Screening Programmes such as Cervical check and BreastCheck, where they were within the eligible age range.

Judgment: Compliant

### Regulation 8: Protection

The provider had a number of policies in place to ensure that residents were safeguarded in their home. There had been a small number of safeguarding incidents in the centre. The inspector viewed documentation in relation to these incidents and found that they had been documented and reported in line with National Policy, and safeguarding plans had been put in place where they were required. Safeguarding was a standing agenda item on staff meetings and discussed with residents at house meetings.

The inspector reviewed a sample of four intimate care guidelines. These were found to be comprehensive in nature and included information on residents' communication and their method of giving consent in addition to the level of support they required with various aspects of their personal care. This clear guidance, coupled with documenting consent and communication ensured that residents' rights to privacy, dignity and bodily integrity were both promoted and upheld during these care routines.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that service which was being delivered to residents was person-centred and one which promoted and upheld their human rights. Residents were consulted with about their day-to-day routines, their preferences in relation to activities, holidays and all aspects of their own personal care and support.

Residents' independence was promoted in a number of ways. For example, some residents remained in the centre for periods of time without staff support, and this

was reported as something which was important to those residents. The provider had carried out some unannounced fire drills when residents were at home alone to ensure that they were equipped to evacuate the centre if an emergency arose. Residents had been assessed to ascertain their capacity to administer medication and to manage finances. Consultation had taken place in relation to residents' preferences around managing these areas of their care and their decisions were upheld.

As outlined at the beginning of the report, residents were supported to make complaints and to self-advocate where they wished to do so. Where a resident was unable to do so, it was evident that staff advocated on residents' behalf. Residents were supported to learn about their rights at residents' meetings.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kinvara Group-Community Residential Service OSV-0005729

Inspection ID: MON-0035362

Date of inspection: 28/08/2024

## 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: Provider Nominee and PPIM will complete a review of the WTE for the centre. Further relief staff have been identified to fill the current vacancies in the centre to ensure consistency for residents. Service recruitment open day held on 18/09/24. PPIM and PIC will continue to have oversight of rosters in line with Working Time Act.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2024