Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bantry Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	17 April 2025
Centre ID:	OSV-0002105
Fieldwork ID:	MON-0038664

About the designated centre

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

This designated centre consists of three houses in a rural town setting. Each of the houses contain a kitchen, sitting room, single bedrooms, bathroom facilities and outdoor areas and gardens. The centre provides residential services for up to 8 residents, aged over 18 years. Residents are both male and female, with a diagnosis of intellectual disability. Residents are supported to live safely in an ordinary house in the community, to be part of that community, to be treated with respect and dignity and to enjoy a healthy, fulfilling and inclusive life. Staff support is provided by social care workers / leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Thursday 17 April 2025	09:00hrs to 15:30hrs	Lucia Power	Lead

What residents told us and what inspectors observed

This inspection was carried out to inform a renewal of registration. The centre was inspected three times during the course of the current registration. There was two risk based inspections carried out on behalf of the Chief Inspector based on the high levels of non-compliance. Concerns in relation to fire and premises was of a significant concern for this centre. The provider did address concerns relating to one unit and significant works were carried out in this unit to ensure the needs of residents were been met in a safe environment. The provider delivered on this action and the residents moved into the new unit in 2024.

However on the most recent inspection the provider had not implemented the works required in relation to fire and premises in another one of the units as committed to in the providers compliance plan response to the chief inspector in November 2023. Due to this finding the provider was issued with an urgent action on the day of this inspection in relation to fire and premises. This will be disused further in the report.

On the day of inspection the inspector noted that the residents had a good quality of life even though the needs of some residents have changed. The local management team consisting of the person participating in management (PPIM), the person in charge (PIC) and the team leader were all present for the inspection. They all had a very good knowledge of the residents' needs and ensured that supports were in place due to changing needs.

The centre is registered for eight residents, but currently has six. One resident was discharged to a more appropriate setting the day prior to the inspection. This was due to the changing needs of a resident and the requirement for supports that best suited their current and future needs. There had been a number of safeguarding issues due to compatibility concerns which caused distress for some residents, this was now alleviated due to the transfer of the resident to a more suitable placement.

The inspector met three residents who were in their home on the day of inspection, the other three residents were attending day services in their local community. One of the residents told the inspector that they were very happy in their new home and that the staff were very good to them. They also spoke about their love of gardening and the relationship they had with one of their parents in relation to plants. The resident also discussed the plants on display in front of the house and their involvement in purchasing, planting and maintaining. They took great pride in this activity and it was also seen from documentation that this was one of the resident’s goals.

Two other residents were sitting at the kitchen table, staff were conversing and interacting in a personable manner taking into account the changing needs of the residents. One resident had a decline due to their current diagnosis and it was seen that staff were very caring. The inspector engaged with both residents and for one of the residents used pictures to communicate so the resident could be involved in

the discussion. The house these residents were in was seen to suit their needs and rooms were personalised to their interests and preferences. For example, one resident supported a football club and wanted their curtains with this clubs symbol. Another resident had a cabinet in their room that was very symbolic to them.

Seven residents completed HIQA surveys that were given to the inspector these surveys give feedback in relation to "tell us what it is like to live in your home". Overall the residents are very happy living in their home and there was positive feedback in relation to supports from staff. However there was some areas that residents highlighted that required improvement. For example:

- Not enough bus drivers to facilitate outings
- The house could be a lot better if it was quitter.

Overall the quality of life for residents living in this centre was seen to be good, the resident's goals and choices were respected. Staff had a good understanding of the residents and their needs and the care provided was professional and caring.

However further assurances were required in relation to fire and premises and improvements were required in relation to rights and individual assessment and personal plans. The next two sections of the report will focus on capacity and capability and quality and safety.

Capacity and capability

This was the third inspection in the cycle of the current registration and this inspection was to determine the outcome of a recommendation to the chief inspector to renew the registration for an additional three years.

Overall there has been ongoing improvements, but further assurance was required in relation to fire and premises due to the repeated findings in one of the units.

Improvements since the previous inspection were noted and observed on the day of inspection. The provider had carried out an annual review of the centre and had followed up on most of the actions identified. There was an awareness from the local management of the issues pertaining to fire and premises in one of the units and this has been discussed as part of their own management meetings, correspondence to the provider was also evident in relation to upgrades required.

The provider had also ensured a number of audits were carried out including medication audits and health care audits. A finance audit had commenced for one resident and the PIC had requested an audit in relation to all finances for residents. There was improvements noted in relation to personal plans that were meaningful to residents.

There was very good oversight and follow up in relation to health care with good input from allied health care professionals. There was a good awareness in relation to the changing needs of residents and support plans were amended to reflect same.

Not withstanding the good work carried out since the last inspection, there was still ongoing issues with fire and premises for one unit.

In November 2023 issues relating to two units were highlighted in particular to fire and premises. Urgent actions were issued on the day of the November 2023 inspection and the provider made a commitment to the chief inspector to come into compliance. The provider did resolve the fire and premise issue in one of the units and undertook significant work to meet the needs of four residents. This was completed to a good standard in line with the residents assessed needs as the provider had involved a number of competent professionals and residents in the consultation process.

The provider then submitted an application to vary the conditions of the current registration to reduce the numbers from 17 to eight and to remove a unit from the footprint of the centre. The inspector visited the reconfigured centre in August 2024 to make a recommendation in relation to the application to vary. The other unit was not visited on the day of that inspection. However follow up was carried out on this current inspection in April 2025.

The inspector noted and observed that the works had not been carried out in another identified unit and this will be discussed further in the report. An urgent action was issued to the provider on the day of inspection in relation to fire precautions and premises.

Regulation 14: Persons in charge

The person in charge in this centre was facilitated by two staff that made up a 1.7 WTE, this was to ensure good governance and oversight in the centre. Therefore the provider met its requirement in relation to a full time person in charge.

On the day of inspection the inspector met one of the persons who makes up the role of PIC and they demonstrated a good knowledge of the residents and their needs and was also aware of the changing needs for residents. The person in charge also had good oversight in relation to the operations of the centre and this was evident from the documentation and feedback to the inspector.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the assessed needs of residents. The inspector reviewed a sample of of rotas from three random shifts, and noted staffing on duty in the morning, the afternoon, evening and night. The staffing was consistent and no variances noted. However it was noted that there is an increase in the changing needs due to residents confirmed conditions and the needs for residents are changing. The local management team are aware of the changes for residents and told the inspector that this was being reviewed in terms of ongoing staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training for staff with the PPIM and noted all staff had received fire training, 15 out of 26 required refresher training in managing behaviour that is challenging, this was identified and is already planned by the provider. All staff had completed safeguarding training.

Due to changing needs the provider was looking at sourcing dementia training for staff.

The inspector reviewed if the staff have access to appropriate supervision was given a schedule of previous and planned supervision for staff. This was in line with the providers policy and guidance.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had made improvements to meet the needs of residents, there was good oversight and management from the local management team and this was evident on the day of inspection.

- The provider undertook significant work to the centre over the last two years in an effort to come into compliance. One unit that was not fit for purpose was removed from the footprint of the centre and another unit was reconfigured to a very good standard to support the changing and assessed needs of residents. On the day of inspection the residents were seen to be very happy in their new home.
- It was also evident that there was good oversight from the local management and actions been progressed in relation to areas of improvement identified from the providers own internal auditing.

- There was an increased focus on staff support and supervision and this was evident on the day of inspection from speaking with staff and also reviewing documentation such as rotas, staff meetings and supervision schedules.

However the provider had committed to addressing fire and premises works in another unit and this remained unresolved on the day of inspection.

- Post the 2023 HIQA inspection the provider commissioned a report in relation to fire safety from a competent person. Actions identified in this report remained unresolved.
- There was works required in this unit in relation to flooring and furniture and this was also not resolved
- The provider in their compliance plan response to the chief inspector had committed to addressing these findings. On the day of inspection the concerns identified in this unit remained.

As noted the provider was issued with an urgent action relating to fire precautions and premises. Assurances were given by the provider and these will be followed up by the chief inspector prior to renewal of registration.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

From five of the files reviewed the residents had a contract for the provision of service in place. This detailed they type of services and the fees charged. However there was no tenancy agreement for residents in receipt of rent allowance, this will be discussed under rights.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place containing all the information as set out under schedule 1. On the day of inspection some changes were made and this was accepted by the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector in writing of any adverse incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure for residents and were supported to make complaints if required.

For example one resident was impacted by anther residents and made a complaint. This resident was supported and offered psychology and social work. The outcome of the complaint was also documented to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were reviewed and they were updated in line with 3 year requirement. However one policy was being reviewed by the provide and a note was attached to same highlighting that it was under review and the reasons.

Judgment: Compliant

Quality and safety

There was good evidence that residents were been supported to live a good quality of life. Over the last year the needs of residents have changed and the local management team and staff had a very good awareness of these needs and the supports required. There was improvements in relation to personal plans from the previous inspections and the provider had committed to reviewing this, however some further improvements were noted on the day of inspection. The provider had advised the inspector that a committee was put in place to review the personal planning process and acknowledged more work was required in relation to this

There was good oversight in relation to health care and behaviours that challenge with up to date input from allied health care professionals. National screening was available to all residents.

Due to the needs of one resident there was a number of safeguarding concerns that impacted on some residents, however this resident moved to a more suitable placement and the inspector was told this was having a positive outcome for the residents as they had been restricted from some activities.

Overall not withstanding this issues in relation to fire and premises the residents were seen to lead a good life and staff were seen to provide very good support and had a very good insight of the resident's needs.

Urgent actions in relation to Fire precautions and premises were issued on inspection and the provider's response to this was received in the days following the inspection. The chief inspector accepted these assurances and further follow up will be required given the time lines identified.

Regulation 10: Communication

The inspector review the communication passports in place for residents that were personalised with details of resident's expressions. The detail documented included areas such as "how I communicate" "using the tablet to make choices" "special moments in life". It was also noted that LAMH is used to communicate with some residents and there was signs evident on display in the centre.

During the course of the inspection it was observed that one resident liked to talk about their family. There was visual cards in place to support a meaningful conversation with this resident. Residents had access to television and the Internet and also had access to a telephone.

Judgment: Compliant

Regulation 13: General welfare and development

The centre is based in the community and very near to the provider's day service. From files reviewed residents are very involved in their community and had access cafes, concerts, community events, where expressed residents also attend the day services. It was also evident that residents have a choice where to avail of well being therapies, for example some residents have a massage and request it in their home for convenience. There was pictures of resident's attending events such as horse riding, concerts, baking, chair yoga and other events in the community.

Judgment: Compliant

Regulation 17: Premises

It is acknowledged that the provider did ensure that one of the units that was not fit for purpose was removed from the footprint and reconfigured another unit to meet the assessed needs of residents. This unit was to a very good standard, however one unit in comparison required better oversight and improvement.Furniture was worn and require replacing.

For example:

- Two sofas were covered with blankets but underneath were very worn and old sofas.
- Flooring in two resident bedrooms had significant gaps in the wooden flooring and this was a finding on a previous inspection the provider has committed to address this issue, but it was not completed.
- There was areas of the skirting board missing and some of the doors required review
- The resident files were stored in the communal area and while this press was locked it took up a lot of space in the residents dining area, but also there was a risk in relation to the resident's private information.
- Some of the residents' rooms were very small and did not have adequate storage facilities. For example in one room a sink was in the press and there was a number of fixed cupboards over the bed.

While staff tried to maintain a clean and personalised environment, it was still noted and observed that this unit required review in relation to furnishing, fittings, and storage.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and the inspector reviewed the nature of the risk and controls in place. They were seen to be regularly reviewed with a review date of April 2025. There was individual risk assessments in place to support residents and these reflected any changing need for residents. These risks were also discussed as part of the multi disciplinary meetings.

Judgment: Compliant

Regulation 28: Fire precautions

Further assurances were required in relation to fire. Of the three units there was one unit that needed review.

For example:

- Fire doors did not close in the house.
- Sliding doors between kitchen and dining area, kitchen and sitting room did not close properly, this was a finding on a previous inspection. A report from a competent fire person also rated this risk high and had advised that these sliding doors required replacing.
- A room under the stairs had a storage area, laundry facilities and a door leading to toilet facilities. Assurances were required in relation to this area. The door to the toilet required repair and did not close properly.
- Loose wiring connections were noted in areas of the house and in resident bedrooms
- A lead with a plug was observed in one resident's bedroom, this lead was coming from the bedroom floor and it was not visible what it was connected to. Local management and staff that were in the house were unaware of it and what was its purpose.

Oversight was required in relation to fire door checks as the weekly list was not been updated and the daily list had not recognised the issues found on the day of inspection.

Personal evacuation plans were in place for residents and fire drills had taken place with no issues noted.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a noted improvement in relation to individual assessments and planning. The inspector reviewed copies of multi-disciplinary reviews and noted all these were up to date for residents. They were comprehensive with input from allied health professionals. From five files reviewed personal plans were up to date with meaningful goals, for example a resident was interested in dance and attended a dance workshop for a number of sessions. There was photographic evidence showing the resident enjoying this activity in the community. Another resident expressed a wish to have a larger bedroom and this was facilitated, it was also evident that the resident was involved in decisions in relation to this. Other goals included such as baking, pony tracking and attending events was evident and staff had taken photographs of residents enjoying these experiences.

It was also evident that the provider engaged with residents prior to their move from one unit to another and that the layout of the premises was in line with their

assessed needs. Rooms were also personalised to include the interests and choice of residents.

However improvements were required in relation to keyworker meetings as there was gaps in this process and not in line with the providers own policy of ongoing reviews. The PPIM showed correspondence to the inspector of the provider's commitment to reviewing the personal planning process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical care and it was also documented in the resident's files access to the National screening service where relevant. The management and staff had a very good understanding of the changing needs of residents and healthcare plans were updated to reflect these needs.

Health care plans were documented to ensure that staff understood the supports required to ensure the healthcare needs of each resident. There was also input from allied health professionals and clinicians and recommendations documented were been followed through.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was compatibility issues in one house due to the changing need of a resident and the service and environment were no longer able to meet their needs. This resident had moved to a more appropriate service pre the inspection and the move deemed to be positive for other residents who told staff they could go out more.

Where challenging behaviour presented there was supports plans in place highlighting reactive and distraction techniques for staff. These plans were up to date.

A review of restrictive practices was evident and these were reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed safeguarding plans and they were implemented and reviewed within the timelines there was also evidence of psychology and social work input where required to support the resident. From a review of the safeguarding plans there was also updates from the HSE safeguarding office and were on the resident files.

An issue related to compatibility impacted some of the residents and had increased peer to peer abuse. The provider sought more appropriate accommodation to support the person alleged to cause the impact and residents told staff that they are much happier in their home.

Overall the provider had systems and processes in place to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents were consulted in relation to life choices and decisions about their home. Significant improvements were achieved by the provider to move residents from one unit to another unit and this was done in a consultative and respectful manner. This was evident by the internal layout and also the personalised décor.

Residents meeting were on a weekly basis and also included a theme for the week.

However improvements were required in two areas. One related to tenancy agreements, as there was no tenancy agreements related to the rent being paid by residents. Another area related to a practice issue as for two of the residents there was identified staff who were agents in relation to their bank accounts. This practice is ongoing for years and there was no evidence of review or resident consent.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bantry Residential OSV-0002105

Inspection ID: MON-0038664

Date of inspection: 17/04/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: As per the financial policies of the organisation, a 3rd party contractor was awarded the contract for the replacement of floors for the designated centre in September 2024. Unfortunately, there were challenges in agreeing the start date for the works. This has been resolved, and worked have commenced since the 28th of April. One storage room requires additional work which is currently being sourced for completion. A Facilities Manager has been recruited with a start date of the 26th of May 2025. An internal structure will be developed in conjunction with the facilities manager to identify, monitor and prioritize all minor capital works.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: As per the financial policies of the organisation, a 3rd party contractor was awarded the contract for the replacement of floors for the designated in September 2024. Unfortunately, there were challenges in agreeing the start date for the works. This has been resolved, and worked have commenced since the 28th of April. One storage room requires additional work which is currently being sourced for completion. A Facilities Manager has been recruited and a walk around of the property is scheduled for the 29th of May to determine further works to the designated centre. The Premises will be reviewed and a schedule of works to update the household. This will include: • Review of upstairs resident bedroom that is noted to be small alongside its storage	

capacity prior to any occupation.
• Review of the sink in one bedroom and the fixed cupboards above the bed prior to any occupation.

Prior to the inspection, it has been identified that furniture needed to be replaced for the designated. This process is ongoing and will be concluded by the 31 May 2025. This will include reviewing and updating the storage arrangements in the house.

A complete rewire along with bonding and earthing has been completed by a 3rd party contractor in March 2024. On the day of inspection it was confirmed that the wiring observed were not live and works completed to ensure they are no longer loose and exposed.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Fire Doors have been reviewed on the day of inspection and ensured that the doors closed without issue.

Replacement of Sliding Doors between the kitchen and dinning room with a fire proof door has been scheduled to be completed within six weeks with an estimated completion. Sliding doors from sitting room to the dining room are fixed following the day of inspection.

A complete rewire along with bonding and earthing has been completed by a 3rd party contractor in March 2024. On the day of inspection it was confirmed that the wiring observed were not live and works completed to ensure they are no longer loose and exposed.

On the day of inspection, works were completed to ensure that all fire doors were closing effectively.

CoAction have confirmed that as per the fire assessment report conducted in October 2023 by a third party competent person, the room underneath the stairs does not require compartmentalization and current arrangements in place including a 30 minute fire proof slabbing are safe and effective. including a fire alarm and appropriate checks on electrical equipment located in the area.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
CoAction has identified Person Centred planning as a key goal of its 2025-2030 Strategic plan, as such CoAction will evaluate the current process for supporting the individuals we support to identify their needs, wants and wishes and explore opportunities for improvement to ensure current and future needs are identified. To support this an operational plan is being developed to ensure the strategic goal is monitored, evaluated within our governance structure. A member of the leadership team has been identified to lead on this project. A working group has been established and is currently drafting the operational plan for approval by the Corporate Governance Team (CGT).

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
CoAction is undertaking a review of its management of personal finances policy including practices related to agents on residents bank accounts. Current procedures are in place to ensure oversight of residents finances and the PPIM will conduct additional checks on residents finances. In conjunction with the Money Skills Assessment currently in situ, consent and review of residents financial arrangements will be conducted on an annual basis.

CoAction will review its current Contracts of Care and its provisions for Tenancy Agreements with an aim to separate these out into distinctive documentations.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	28/07/2025
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	Red	23/04/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Red	23/04/2025
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	18/07/2025

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	18/07/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	23/04/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	23/04/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	22/09/2025

Regulation 09(2)(a)	The registered provider shall ensure that each resident, in 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.	Substantially Compliant	Yellow	22/09/2025
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.	Substantially Compliant	Yellow	22/09/2025