



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

## Issued by the Chief Inspector

Name of designated centre:	Cabra Road Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	04 February 2026
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0048100

## About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for up to five ladies, over 18, with an intellectual disability. The centre is located in a quiet residential area and the house consists of six bedrooms, one of which has an en-suite bathroom, and the other which is a staff sleepover room/office. There is also a large kitchen, a separate dining room, and a large living room. There is a large front garden with a drive way and a side and back garden. There was also a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

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

Number of residents on the date of inspection:	4
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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 4 February 2026	10:15hrs to 18:30hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

The inspector used observations and discussions with residents, alongside a review of documentation and conversations with staff and management to inform judgments on the residents' quality of life. The inspector spoke with all residents living in the centre. They said they were happy living there and liked living with each other. The residents were complimentary about the staff and were observed to have a good relationship with staff they knew well. However, residents were impacted by a high use of relief and agency staff. This led to residents feeling like some staff did not always understand them and their needs, with some communication difficulties also observed by the inspector. Residents' activities, fire safety, financial safeguarding and personal plans were also impacted by this.

On arrival to the centre, one resident was leaving to attend their day service. The inspector was greeted by staff on duty and informed that the person in charge was on a scheduled day off. They also informed the inspector that all staff working in the centre that day were relief or agency staff. They then accompanied the inspector on a tour of the premises. The person participating in management for the centre arrived at midday and spoke with the inspector. The person in charge also arrived to the centre a short time later and stayed for a few hours during the inspection.

The centre comprised one house, which was a bungalow located in Cabra. It was in close proximity to local shops and amenities with good access to public transport. There was also a centre vehicle for residents to use. It was registered to accommodate a maximum of five residents. An application to vary registration and increase occupancy and the number of houses that comprised the designated centre had been received by the Chief Inspector of Social Services and was under review. On the day of inspection, there were four residents living in the centre. There was a plan for a fifth resident to be admitted in the coming weeks, which residents had been consulted and informed about.

Overall, the centre was generally laid out to meet the needs of the residents. However, the inspector observed that some areas required cleaning, maintenance and repair to ensure the premises was maintained to a good standard to meet the residents' needs. Each resident had their own bedroom which they had personalised and decorated to their taste. Some residents had their own television in their bedrooms. Bedrooms were observed to be filled with family photos, memorabilia and items of significance to residents. There were two sitting rooms and an open plan kitchen-dining room. There was also a second dining room table in one of the sitting rooms where residents all sat together with staff while eating dinner. The centre was registered to have a bathroom and a shower room. However, the bath had been removed and a second shower installed.

In the morning, the inspector was greeted by one resident who was up and having breakfast with staff in the sitting room. They joked with the inspector about the

inspection and was very familiar with the process. The resident said they liked living in the centre and had some friends living with them also, which they really enjoyed. They had mobility issues and noted that their comfort chair was broken. The inspector observed the resident sitting in their wheelchair for the full day of inspection, watching television with no other opportunities to engage in meaningful activities. They said they used to work but have retired. The resident asked staff about playing television bingo, which they said they did every day, however, the staff on duty did not understand what this was and the resident missed the opportunity to play.

When the inspector arrived to the centre they were informed that there had been an unexpected power outage for a number of hours during the night. This impacted two residents' peaceful night's sleep in particular. One resident spoken with said they were tired and chose to remain in bed all day watching the television. The inspector was informed that the resident would often remain in bed all day.

Another resident impacted by the power outage used a sleep apnoea machine which requires power to function. During the power outage this machine sounded an alarm and the resident said they were able to rest but unable to sleep because of this. They stayed in bed until just before lunchtime. When they got up, they sat with the inspector and chatted about living in the centre. They spoke about being ill for a number of weeks and how they were 'fed up' being ill. The resident spoke about the support they received from staff during their period of illness and how well they were supported by them. They told the inspector that they were happy living in the centre and spoke excitedly of an upcoming weekend away they were planning to celebrate their family member's birthday. The resident said they also attend a day service two to three times a week, which they enjoyed. After chatting with the inspector, they spent the remainder of their day in the sitting room watching television with another resident. Both residents were observed chatting with each other for the day and had witty banter. In the evening, they had a visitor who also joined them to watch television. Their visitor also stayed for dinner with them and the other residents.

The resident who attended the day service returned in the late afternoon and spoke with the inspector. They said they had been in work all day and spoke about how much they enjoyed this. The resident later went into the second sitting room to watch television alone. They did not raise any complaints or concerns and said they were happy living in the centre. They said they like to watch different television programmes to the other residents, which is why they sat separately from them.

Some staff spoken with, stated there was compatibility issues with two of the residents. The inspector spoke with the person in charge about compatibility concerns raised, and the person in charge acknowledged that there had been previous compatibility issues between the residents in the centre. However, one resident had moved in May 2025 and there has been no compatibility concerns since then. They also noted that two residents sit in separate sitting rooms and that this was because they liked to watch different programmes. Both residents like talking and this may lead to them talking over each other. To support both residents there

was a plan in place during mealtimes to ensure they were supervised to allow both time to speak about their day.

Some staff told the inspector that they enjoyed working in the centre and that they were well-supported in their role. However, other staff raised issues with the supports they received during their work day to ensure a fair allocation of work and to ensure that all tasks were completed. The inspector observed kind and caring interactions between residents and staff throughout the inspection. While interactions were respectful, residents spoken with said they felt that some staff do not understand them when they are communicating. One resident gave an example of them being given cups of tea throughout the day that was not their communicated preference. The inspector also observed similar instances during lunchtime when residents were being supported to have their lunch prepared for them by staff who were not familiar with their needs. The person in charge had arrived at the centre during this time and was observed to be very familiar with the residents' needs and preferences.

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.

## Capacity and capability

There were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. The service was led by a capable person in charge, with a staff team who were kind to the residents living in the centre. However, the systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored were not robust and at times ineffective. There was a heavy reliance on the use of relief and agency staff which impacted the continuity of care for residents living in the centre.

This was an unannounced risk based inspection which was undertaken due to the length of time since the last inspection completed in September 2023. The purpose of the inspection was to assess the ongoing compliance with the regulations. The inspection was completed by one inspector over the course of one day. The registered provider for Cabra Road Group-Community Residential Service is Avista CLG, who are involved in the running of several other designated centres in Ireland.

The person in charge worked full-time and had overall responsibility for two designated centres. On the day of inspection they were on a scheduled day off. However, attended the centre for part of the inspection. They were observed to be well-known by the residents and very familiar with their assessed needs. They were responsible for the centre's day-to-day operations and reported to the person

participant in management (PPIM), who in turn reports to the service manager and up through to the registered provider.

The registered provider had systems in place to monitor the quality and safety of care provided. Communication systems were in place between the registered provider and management within the centre. Regular staff meetings were held and minutes maintained. The registered provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement, were assigned to a responsible person, with times for completion noted. Updates on these actions were discussed in management meetings. However, some audits did not identify issues that were observed on the day of inspection. While the provider had systems in place, these did not always identify or address areas for improvement within the centre.

The 2025 annual review of the quality and safety of care and support in the centre was drafted. It was completed with input from residents and their families through surveys and meetings with the residents. The registered provider was also conducting unannounced visits at intervals of at least every six months. Both of these had identified some of the areas for improvement which were identified on inspection. However, they did not identify all actions required that were identified on inspection.

While the number of staff required to meet the assessed needs of the residents was appropriate, the skill mix of staff was not. During the previous inspection, it was identified that there was a reliance on relief and agency staff to cover planned and unplanned leave and this was negatively impacting the continuity of care for residents. These were also the findings of this inspection, for example, all staff working in the centre that day were either relief or agency staff. The induction of agency staff to ensure they were aware of residents assessed needs was also ineffective.

### Registration Regulation 8 (1)

An application to vary the registration of the designated centre had been made by the registered provider. The registered provider had applied to vary condition 1 and 3 of the registration conditions. They proposed to add another building to the designated centre and increase the maximum occupancy of residents. These applications were in the process of being reviewed at the time of inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge. They had the relevant experience and qualifications to undertake this role and they were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They were knowledgeable about their regulatory requirements and the national standards.

The person in charge works full-time and has responsibility for one other centre. They equally divided their time between both centres.

Judgment: Compliant

## Regulation 15: Staffing

On the day of the inspection, the designated centre was operating on a 0.5 full-time equivalent (FTE) social care worker staff vacancy and a 1 FTE healthcare assistant vacancy. The inspector was informed that a staff vacancy was to be filled next week and further recruitment was taking place to fill the remaining vacancy. They were also informed that some FTE positions in the centre were being covered by permanent relief staff.

While the provider had the required number of staff to meet the assessed needs of the residents on the day of inspection, the inspector was not assured that the staff available had the required skill mix to meet their assessed needs. For example, all staff scheduled to work that day were agency staff and the person in charge was on a planned day off. During the inspection the person in charge attended for part of the day. There was also another day in January with only agency staff working in the centre. There were also two days with no nurse scheduled to work in the centre.

Where possible, the person in charge was attempting to use regular relief and agency staff to fill planned and unplanned vacancies on the roster. The inspector reviewed rosters in the centre for December 2025 and January 2026 and found that there was a very high use of relief and agency staff. For the month of January 2026 there were 19 different relief and agency staff used, some of which covered several different shifts during the month. The inspector found the reliance of relief and agency staff was effecting the continuity of support for residents in the centre. For example, there was no evidence that some agency staff had completed an induction since 01 January 2026. In addition, no agency or relief staff had completed any fire drills with one resident requiring significant support to evacuate the premises at times.

The inspector was informed that there was a shift plan to be used each day. This was to be completed by staff at the beginning of their shift so they were made aware of residents' needs and plans for the day. However, this had not been completed and remained incomplete throughout the inspection.

During the inspection, residents could be heard asking several times, what staff would be working on different shifts. However, they said they did not know who

these staff were. Some residents spoken with also told the inspector that they felt that some staff did not understand them and that at times communication could be difficult and that staff did not always understand them.

Following concerns raised about the staffing arrangements on the day of inspection, the service manager scheduled a permanent staff to work in the centre for the evening.

While some Schedule 2 information and documentation was available, there were some gaps identified from the sample of staff files reviewed. For example, one staff file had a gap in the employment history. Two staff did not have documentary evidence of their qualifications within the file.

Judgment: Not compliant

### Regulation 23: Governance and management

While there were clearly defined management structures in place, the inspector was not assured that the centre was resourced to ensure the effective delivery of care and support to meet the assessed needs of resident. A resident had moved from the centre in May 2025 to another designated centre. Two staff moved with the resident from Cabra Road Group-Community Residential Service to work in the other designated centre. The inspector was informed that because of this they were unable to recruit for these positions and had to use relief and agency staff at present.

While the registered provider had management systems in place for the induction of agency and relief staff, this was not effective. There was an induction folder for relief and agency staff which they were to review and sign once their induction was completed. However, on a review of records this had not been signed since the 01 January 2026 with several new agency staff working in the centre since then. In addition to this, on the day of inspection there was all agency staff working in the centre with one staff working in the centre for the first time. This meant that agency staff were inducting other agency staff.

The inspector was not also assured that staff were aware of the procedure to be followed in the case of a fire. One resident was at risk of refusing to leave the centre following previous fire drills. On a review of records and from speaking with the person in charge, it was identified that none of the staff working on the day of inspection had been part of any fire drills. Furthermore, fire drills were not always being completed when relief or agency staff were working and the person in charge identified challenges to ensure all relief and agency staff were part of fire drills.

Oversight systems in relation to maintenance of the premises were not always effective. For example, the person participating in management (PPIM) was not

aware that the dryer was broken. The PPIM and person in charge were also not aware of the leak and mould on the ceiling of the centre.

Residents' were supported to manage their finances, however, the systems in place were not robust. There were discrepancies identified in two residents' finances which had been noted for a number of weeks in the financial records. This had been discussed as an issue at local staff meetings. However, this had not been escalated to senior management, rectified or investigated.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared the required Schedule 5 policies set out in the regulation. However, five policies that were available and in use by staff on the day of inspection had not been reviewed at intervals not exceeding three years.

Judgment: Not compliant

#### Quality and safety

Residents appeared to be happy and content in their homes and with the service provided to them. However, the reliance on relief and agency staff had impacted the continuity of care for the residents which impacted the availability of activities to resident's activities, fire safety, financial safeguarding and personal plans.

Residents were assessed for their specific support needs in behavioural support, intimate and personal hygiene, and mobility. There were arrangements in place to meet these needs for residents. While there were personal plans in place for each resident, some of these had been in place for a significant period of time and not reviewed. While for other plans it was difficult to ascertain when they had been put in place as they were not dated. There were also some gaps in personal plans in place.

From a review of notifications submitted to the Chief Inspector it had been identified that there was an increase in safeguarding concerns and compatibility issues between some of the residents. The registered provider had identified this and supported one resident to move to another designated centre to meet their needs. This had subsequently led to a reduction in safeguarding concerns.

Staff had completed safeguarding training and were Garda vetted prior to commencing their role in the centre. The provider had established systems in place

to safeguard residents from harm and abuse. These included an up-to-date safeguarding policy that reflected current national guidance and provided directions to staff on how to identify, report, and respond to safeguarding concerns. Each resident had an individual intimate care plan in place, which outlined the supports required to ensure personal care was delivered safely and with dignity. While the provider had good systems in place, the safeguarding systems in relation to residents finances required review.

Residents were actively supported and encouraged to connect with family and friends. Visitors were observed attending the centre and joining residents for a meal. Residents' were also assisted to exercise their right to experience a full range of relationships in keeping with their wishes, including friendships and community links, as well as personal relationships. They were supported on an individual basis and in a sensitive and appropriate way to develop and maintain safe intimate relationships with others in line with their wishes and preferences, safeguarding measures and current legislation. Residents also had the opportunity to discuss and access independent advocacy services available to them. While some residents had opportunities to participate in activities that they were interested in, the usage of agency and relief staff impacted other residents who did not have the same opportunities at times.

### Regulation 13: General welfare and development

Residents' opportunities to participate in activities in accordance with their interests, capacities and developmental needs were impacted by the use of relief and agency staff. While one resident attended a day service on the day of inspection, for the residents who remained in the centre, no activities were planned or scheduled. Residents were observed to watch television over the entire day as their only means of activation.

Judgment: Substantially compliant

### Regulation 17: Premises

While the premises were generally designed and laid out to meet the number and needs of residents in the centre, some areas required cleaning, maintenance and repair to ensure the premises was maintained to a good standard to meet the needs of the residents. For example:

- Parts of the designated centre had damaged walls and general wear and tear. For example, the door was missing from the bathroom cabinet.
- One of the shower rooms flooded at times when in use.

- The only bath in the centre had been removed and replaced with a shower. The inspector was informed that this was done in consultation with the residents and was their preference.
- The dryer was broken for a period of time and staff were going to local petrol station to dry residents' clothes.
- The ceiling in the hallway was damp around a skylight, which had dried brown stains from previous leaks. The skylight frame also had black mould on it. There was also some mould observed around one of the showers.

Some of the storage practices also required review. An empty resident's bedroom was being used to store multiple wheelchairs and walking frames, some of which were to be recycled and collection had not been arranged.

One resident's comfort chair was broken. There was an attempt to fix it temporarily, however, this had not worked. It required a new part which has been ordered.

There had been a power outage during the night which effected one resident's sleep apnoea machine. This disturbed the resident's ability to sleep during the night.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed all personal plans in place for residents' living in the centre. While they were completed, some of these had been in place for a significant period of time and were not reviewed at least annually or as required. For example, out of the four residents there was only one planning meeting record available and this had taken place over a year ago. Some personal plans had been in place from 2022 and there had been no changes to the plan or review of the effectiveness of the plan. While for other plans it was difficult to ascertain when they had been put in place as they were not dated.

Some gaps were also observed in residents' assessments and personal plans. For example, a resident with mobility needs had a care plan in place. However, it did not clearly detail how they mobilised and the guidance to reposition them when in bed for prolonged periods of time did not clearly guide staff practice. The resident had three falls from their bed and has a bed sensor in place.

Judgment: Not compliant

## Regulation 8: Protection

While there were some good systems in place to protect residents from abuse, in relation to the management of residents' finances, the inspector found that residents

were not supported in a manner that promoted protection. There were regular audits conducted of residents' finances. However, there were discrepancies identified in two residents' finances which had been documented in their financial records for a number of weeks. On the day of inspection, this had not been investigated or escalated for review.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner.

Residents' individual opinions are sought. They were consulted with regularly through weekly meetings which discussed different areas, such as, fire safety, activities, the complaints process, safeguarding and advocacy. Residents' were informed of upcoming changes to the centre and consulted with about new admissions. They were also offered choice and supported to make decisions which impacted them. For example, a resident was offered the choice to change bedrooms and was in the process of picking new colours for their bedroom. Residents' also participated in decisions about their care and support.

Residents had the freedom to exercise choice and were empowered to do so on a day-to-day basis in line with their personal preferences. They had an opportunity to be alone as they choose and their privacy and dignity was respected.

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>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cabra Road Group- Community Residential Service OSV-0003059

Inspection ID: MON-0048100

Date of inspection: 04/02/2026

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: The Nominee Provider has identified 1 WTE HCA and 1 WTE SCL to transfer to Cabra Rd The Nominee Provider is actively recruiting for vacancies within the designated centre. The PIC/PPIM will review the Statement of Purpose following a new admission to the centre – Staffing to be reviewed to ensure accurate WTE. Human Resource Department will review all Cabra Road personnel files. The PIC will complete a roster including 24 hour nursing cover.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC have changed the daily shift plan to be completed by night staff, this will also identify any staff who will require induction, to include Fire evacuation plans. The Nominee Provider has circulated a memo with regards to updating live rosters to include transfers to the Designated Centre on the day. The PIC/PPIM will have oversight of the maintenance log which will identify all repair and maintenance logs within the Designated Centre. The PPIM will complete a Financial audit. The PIC has already discussed the Financial discrepancies within a Team Meeting and put a system in place to escalate any further issues with finances.	

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Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The PIC will ensure all updated policies and procedures are available in the correct folders within the Designated Centre.</p>	
]	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The PIC will ensure that the weekly activities planner is kept up to date, with resident's preferred activities, and utilized throughout the day to support residents.</p>	
]	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC/PPIM will have oversight of the maintenance log which will identify all repairs that are required within the Designated Centre.</p> <p>The PIC will do a weekly walk around to identify any areas requiring maintenance that have not previously been identified.</p>	
]	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

The Nominee Provider has arranged for the community liaison nursing team to complete a review of all care plans.  
 The PIC has arranged the Transforming Lives Coordinator to review the PCP plans and support the residents and staff team to identify future goals.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
 PPIM and Night Manager (CNM2) are assigned to support the PIC with in the Designated Centre.  
 PPIM/PIC governance meetings occur monthly.  
 Governance logs are in place and are reviewed monthly.  
 The PIC will ensure that any allegation or suspected abuse will be managed by following Avista’s Policy for the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse.  
 The PPIM will complete a financial audit.  
 The PIC has already discussed the financial discrepancies within a Team Meeting and put a system in place to escalate any further issues with finances.

## 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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/05/2026
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.	Not Compliant	Orange	31/07/2026
Regulation 15(2)	The registered provider shall ensure that where nursing care is	Substantially Compliant	Yellow	31/05/2026

	required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
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	30/06/2026
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(4)	The registered provider shall ensure that such	Substantially Compliant	Yellow	30/06/2026

	equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2026
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	Not Compliant	Orange	31/05/2026

	and effectively monitored.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/04/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/07/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in	Substantially Compliant	Yellow	31/07/2026

	accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2026
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/07/2026
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	31/07/2026

	is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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.	Not Compliant	Orange	31/07/2026
Regulation 05(6)(d)	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 take into account changes in circumstances and	Not Compliant	Orange	31/07/2026

	new developments.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/06/2026