



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group J
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	05 July 2023
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0031438

## About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability, autism, cerebral palsy, and dementia compounded by communication difficulties and behaviours that challenge. The designated centre is comprised of 3 separate but adjacent bungalows. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front. Support to residents is provided by the person in charge, nursing staff, care staff and household staff.

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

Number of residents on the date of inspection:	15
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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 5 July 2023	11:20hrs to 20:10hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

The inspector observed that the fifteen residents living in this centre at the time of this inspection enjoyed a very good quality service that was tailored to their individual needs and preferences. There were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that residents enjoyed autonomy, were consulted about decisions in their daily lives, and were supported and encouraged to exercise their rights and live as active participants in the community.

The centre comprised three large bungalows that could accommodate six residents each located on the grounds of a campus setting. There were three vacancies at the time of this inspection, one in each bungalow. The centre had submitted an application to renew the registration of the centre and this announced inspection was carried out to inform this decision.

On arrival, the inspector visited one bungalow where she was directed to complete a visitors log and was directed to hand sanitising facilities. The inspector completed the documentation review in this part of the centre and had an opportunity to sit with residents for some of that time. The inspector also had an opportunity to complete a walk around and meet with residents and staff in the other two bungalows. Communication between the inspector, residents, staff and management took place in adherence with public health guidance and the inspector wore PPE (personal protective equipment) as appropriate and requested by the provider.

There were a number of facilities on campus available for the use of residents, including a number of green areas and walkways. The bungalows were seen to be well presented from the exterior, with flowers and bright garden ornaments on display. The three units that made up the centre were seen to be spacious and decorated in line with the preferences of the residents that lived in them. Overall, the inspector saw that the centre was well maintained and was appropriate to the needs of the residents that lived there. There were cooking facilities and laundry facilities and residents had storage for their belongings in their bedrooms. All residents had their own bedrooms and had access to suitable bath, shower and toilet facilities. Some maintenance works were seen to be required in some areas. Tiling works were required in a bathroom while some kitchen and laundry room cabinets and work surfaces were seen to be worn and damaged in areas.

The centre was generally accessible throughout, although some laundry and utility areas were small and this would make access difficult for residents that had specific mobility needs. Accessible bathtubs had recently been installed for the use of residents. Some restrictions were observed in the centre, such as door sensor alarms and audio monitors. There was some protective padding observed in the hallways and some of the rooms of one house to prevent injury for a resident that had epilepsy. This resident had the use of an adapted sitting room that was suited

to their needs.

The inspector saw that residents' bedrooms were decorated to reflect their own preferences. Some residents had numerous pictures on display of themselves, family members and various activities they had taken part in. The inspector saw framed photographs of residents on display in the centre that outlined residents' valued roles within their homes. For example, a resident had been appointed as "entertainment rep" and another as a "spiritual-wellbeing coordinator". A memory wall was viewed in one house that was dedicated to previous residents of the centre that had died. Canvases were displayed in the hallway of this house also that had been painted by residents. Communal areas were homely and spacious and living areas had large televisions and comfortable seating.

The inspector had an opportunity to meet with and spend time with the residents of this centre and throughout the day met with 11 residents. The inspector saw that residents were comfortable in the presence of the person in charge and the staff that supported them. Some residents chose not to interact with the inspector and this wish was respected. Throughout the day some residents were observed leaving and returning to the houses in the centre for planned activities and appointments with day activation staff. Although some of the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service they received, the inspector saw that residents appeared contented and relaxed in the centre.

The inspector saw that staff supporting residents with eating, drinking and personal care did so in a manner that promoted dignity and respect. The inspector observed numerous positive interactions between staff and residents and that staff were very mindful about resident consultation and information. For example, residents were communicated with prior to events such as a fire bell test, prior to providing assistance with mobilising and prior to personal care. One staff member was observed assisting a resident to put on a jumper prior to leaving the house they lived in and explained to them why and what was happening. Residents were observed to be offered their meals at a time of their own choosing and residents were observed enjoying meals in a calm and relaxed manner. A staff member was heard to obtain a resident's consent prior to putting on an apron to protect their clothes at mealtimes.

One resident invited the inspector to spend time with them while they were completing some artwork and was observed to interact with staff in a jovial manner. Staff were seen to be very familiar with their communication style and were very aware of the preferences of the resident and this resident provided positive feedback about the centre to the inspector and engaged in banter with the inspector and staff present.

There was good evidence that residents and their representatives were being consulted within the centre to obtain their views on the services provided. Residents had been supported to complete questionnaires prior to this announced inspection. The inspector had an opportunity to view these and saw that they provided a positive overview of life in the centre. There was evidence that residents

participated actively in this process. For example, it was documented that one resident gave a thumbs up when answering a question. Resident activities featured in many of these questionnaires and residents reported taking part in activities such as a cookery course, a rugby experience, nature walks, seaside visits, visiting a church and overnight trips. One resident outlined that they intended to take part in an organised 5 kilometer walk in the near future.

Towards the end of the inspection, one resident became unwell and the staff team and person in charge were seen to respond promptly, both to attend to the needs of the resident and also to ensure that appropriate infection prevention and control precautions were taken to protect the other residents in the centre.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that the residents living there was being afforded a safe and person centred service that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Management systems in place in this centre were seen to provide for a high quality, responsive and person-centred service to the residents living there. Local management systems were in place that ensured that the services provided within the centre were safe, consistent and appropriate to residents' needs.

There was a clear line of accountability in the centre. The person in charge, a clinical nurse manager 2 (CNM2) reported to a CNM3 and this individual was also a named person participating in the management of this centre. In turn the CNM3 reported to a service manager. At centre level, the person in charge was also supported in their role by a CNM1 and a core staff team.

The person in charge of this centre was present on the day of the inspection. This individual was very familiar with the residents living in the centre and their support needs. The inspector had an opportunity to speak at length with this individual throughout the day and to observe them in their interactions with the residents that lived in the centre. The person in charge was seen to maintain very good oversight of the centre and it was clear that they advocated for and fostered a person focused service in the centre that was tailored towards the assessed needs of the residents that lived there. The person in charge was full-time in their role and had remit over this centre only. The inspector saw that the person in charge had sufficient capacity to maintain oversight of this centre.

The CNM3 and the service manager also met with the inspector during this inspection and spoke about the oversight arrangements in place. Both individuals were familiar with the centre and were knowledgeable about any issues that arose

in the centre. The service manager spoke about a planned temporary transition for residents in one house of this centre that was due to take place. This was to allow planned fire and premises works to be completed. The person in charge also spoke about this planned temporary move and told the inspector about the actions that had been taken to ensure that this transition would have the least impact on residents and would be occurring in a safe and planned manner.

The centre was seen to be adequately resourced. Residents had access to transport to attend community activities and medical appointments with additional staff were rostered to provide day service activities to residents. Residents were seen to leave and return to the centre in the company of these staff to attend planned activities, either on their own or in small groups. Equipment provided in the centre, such as overhead hoists were regularly serviced. The centre was overall appropriately maintained and the person in charge told the inspector about some planned works that were due to be completed to ensure that the premises was maintained to a good standard. As mentioned previously in this report, some maintenance works were observed to be required during this inspection. While some of these works were outstanding since the previous inspection an appropriate schedule of works was in place to address these issues.

Staffing in each unit was planned to take into account the assessed needs and preferences of residents. Residents were supported by a core staff team and this provided them with continuity of care and consistency in their daily lives. Staff members spoken to and observed during the inspection were seen to be very familiar with the needs of the residents they supported, including their likes and dislikes and preferred habits and routines. Staffing levels were seen to be adequate to ensure that residents were supported in line with their assessed needs and where agency staff were providing support to residents in this centre, efforts were made to reduce the impact of this on residents.

Staff spoke positively about the management of the centre and the support provided to them by the person in charge. Organisational structures such as audit systems were in place to support staff and management of the centre, and provide oversight at provider level. An annual review had been completed in respect of the centre within the previous year and the provider had also arranged for six monthly unannounced visits to the centre to review the care and support provided to residents. The inspector saw that there was an appropriate action plan in place to address any issues identified. There was evidence that the management of the centre met on a regular basis and the person in charge reported that they were well supported in their role by their own line manager. Regular team meetings were taking place, staff reported that they were well supported by the management team and that they were comfortable to raise concerns and were confident that any concerns raised would be acted upon.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an appropriate application to renew the registration of the centre, including payment of the relevant fee.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to maintain very good oversight of the centre. The role of the person in charge was full-time.

Judgment: Compliant

## Regulation 15: Staffing

The centre was staffed by a suitably skilled and consistent staff team that provided continuity of care for residents. Staffing levels were appropriate to meet residents' assessed needs and facilitate community access for the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including infection prevention and control, fire safety, and safeguarding of vulnerable adults. The person in charge maintained good oversight of the training needs of staff, staff had access to refresher training as required and overall mandatory training appropriate to this centre was seen to be up-to-date for most staff. Regular agency staff were included in the centre's training matrix. Three staff were seen to be overdue fire safety refresher training, including one staff member that had recently returned from a period of long term leave. This training had been scheduled.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details as set out in Schedule 3 of the regulations. This had been updated to reflect deceased residents and newly admitted residents to the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider had submitted evidence that appropriate insurance were in place in respect of the designated centre as part of the application to renew the registration of this centre.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided in this centre. The centre was adequately resourced and there were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and this included consultation from residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

## Quality and safety

Good quality and safe services were being provided to the residents in this centre. The wellbeing and welfare of the residents living in this centre was maintained by a good standard of evidence-based care and support that promoted residents rights and was person focused.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal files, support plans and risk assessments. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. Residents and their representatives were actively consulted with about the plans in place to support them and were involved in decisions about their lives. The inspector saw that the documentation maintained about residents included support plans that contained detailed information to guide staff and ensure consistency of support for each resident. These plans were subject to regular review and included meaningful goals. The inspector saw other evidence, such as photographs, to show that these goals were being achieved on an ongoing basis.

This inspection found that the service provided to residents in this centre was person-centred and included a focus on enhancing and improving community access for residents on an ongoing basis. The person in charge had linked with an assisted decision making coordinator and a transforming lives coordinator about providing residents with appropriate choice in relation to activities. There was evidence that significant preparatory work was completed to ensure that residents were afforded opportunities for maximum participation in planned outings and events and to consider factors such as accessibility prior to trying out a new activity. Residents in the centre had been supported to achieve a variety of community based goals. For example, one resident had attended a cookery course and residents had been supported to go on hotel breaks and to attend parties. The inspector was also told about a resident attending a recent family wedding and how the staff in the centre had prepared and worked with the resident to ensure this was an enjoyable and successful day for the resident and that they were able to achieve maximum participation in the event. For example, the resident had been afforded the opportunity to visit the church and the hotel prior to the wedding day so that they would be familiar with these locations.

There was evidence that the individuals living in this centre had good access to healthcare supports, including mental health supports and access to health and social care professionals as required. Plans in place showed that residents' healthcare needs were reviewed regularly and updated if any changes occurred. Records viewed showed that residents were supported to make and attend medical appointments as required and regular multidisciplinary reviews were occurring. Some residents who had lived in the centre had died in recent times and the person in charge told the inspector about how the other residents were supported through this difficult time and about the arrangements that had been in place for the deceased residents to ensure that appropriate end-of-life care was afforded to them. The person in charge held a qualification in palliative care and outlined the various

supports available to residents should they require end-of-life care.

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. It was seen on this inspection that risks were being identified and managed in the centre in a manner that took into account residents' rights. For example, two residents smoked and their right to make this choice was respected with specific controls put in place to protect them such as a fire retardant smoking jacket. A positive approach to risk taking was present in this centre. Incidents and accidents were reported and documented in the centre and it was seen that learning from incidents was occurring.

The inspector was informed that two residents' social welfare payment were not paid directly into their own accounts and that these residents were supported by family members to manage their money. This appeared to be in place due to historical structures at provider level. The person in charge told the inspector that these residents were not adversely affected by this arrangement and had access to enough money to meet their needs. However, this system did not provide full autonomy to residents in relation to their own finances and did not ensure residents had full access to all of their own monies or that residents were fully consulted with about the arrangements in place to manage their monies.

The person in charge told the inspector about the recent transition of a resident into the centre from another designated centre. This transition had taken place in a planned and considered manner and had been a positive change for the resident, with evidence that it contributed towards an improved quality of life for this resident. For example, a number of restrictions in place for this resident had been reduced or removed since the transition and they were now accessing the community more often. There was a strong emphasis on maintaining this individuals' dignity and continuing to enhance and improve their quality of life in this centre. The most recent annual review also referred to plans for a resident to transition to community based living as part of the provider's decongregation plan.

## Regulation 12: Personal possessions

Residents had access to ample storage space for their belongings and were supported to retain control over their own possessions. There was access to appropriate laundry facilities in the centre, and residents had access to these facilities if they wished. Residents bedrooms were decorated in line with their own preferences. Residents were supported to manage their finances and there were safeguards in place to protect the resident's monies. Residents had their own bank accounts and money management assessments were completed for residents that included resident consultation. However, the arrangements in place for two residents meant they did not have full access to or retain control of their own money. The person in charge reported that this was not impacting these residents in

a negative manner at the time of the inspection.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The registered provider was providing residents with appropriate care and support, having regard to their assessed needs and their wishes. Residents had campus based access to facilities for occupation and recreation and had opportunities to participate in community based activities in accordance with their wishes, capacities and developmental needs. Residents were supported to develop and maintain personal relationships and links with their family and with the wider community. For example, a resident had recently been supported to attend an important family occasion and there was evidence that family contact was encouraged and facilitated if desired by residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable to meet the needs of the residents that lived there and was decorated in a manner that reflected the individual preferences of residents. The three houses that made up this centre were observed to be overall clean and maintained to a good standard and efforts had been made to ensure the premises was accessible to the residents that lived there and that appropriate aids and appliances were provided to support residents. Residents had access to outdoor green areas directly from their homes and had access to a variety of campus based services, including laundry and canteen facilities and exercise facilities. Equipment was serviced and kept in good repair. Some required maintenance works, such as tiling and replacement of kitchen fittings, were planned at the time of the inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' meals were provided by the on campus catering facilities and delivered to each house. Residents had access to a variety of cooked meals and snacks and were supported with dietary requirements. Residents had access to snacks, drinks and refreshments throughout the day and there was cooking facilities available in each

house should residents wish to participate in preparing their own meals or snacks.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
An appropriate resident's guide was in place. This included the information required such as the arrangements for visiting and how to access inspection reports.
Judgment: Compliant
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>
The person in charge had ensured that residents received support as they transitioned between residential services. Residents were informed about and consulted with about planned transitions.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
There were risk management procedures in place in the centre that identified risks as appropriate and the control measures in place to mitigate against risk, including a risk register. There was a positive and collaborative approach taken to risk in the centre and control measures were seen to be proportional to the risk identified and were carefully considered and reviewed to minimise the impact, if any, on residents' quality of life.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
There was good oversight of infection prevention and control in this centre and measures in place to mitigate against infection in the centre were proportionate. The centre had dedicated household staff and was being regularly cleaned throughout. There was appropriate hand sanitisation facilities available and cleaning equipment was colour coded to prevent cross contamination. Staff had received appropriate training in a number of areas such as hand hygiene and the use of PPE. Plans were

in place to manage the outbreak of an infectious disease in the centre and these were specific to residents that lived in this centre. There were some outstanding premises works since the previous inspection, such as damaged and worn surfaces and flooring that could prevent effective cleaning from taking place. A schedule of works was in place for these to be completed and this has been addressed under Regulation 17 Premises.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had in place appropriate support plans to guide and inform staff and these were regularly reviewed. Residents were consulted with about the service provided to them and the supports that they required. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes.

Judgment: Compliant

### Regulation 6: Health care

Good healthcare supports were in place. Healthcare records viewed showed that residents had access to a general practitioner on a regular basis and as required. Residents also had access to various health and social care professionals and were supported to make and attend healthcare appointments. Where appropriate, residents were provided with appropriate education and information to allow them to make informed choices about health-related lifestyle choices.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Behaviour support plans were in place for residents if required. Restrictive practices in place were appropriately identified, documented and reviewed while a clear rationale was provided for any restrictions in place. There were clear efforts being made to reduce or remove restrictions where possible.

Judgment: Compliant

### Regulation 8: Protection

Staff were appropriately trained in the safeguarding of vulnerable adults. Staff and management spoken to were clear on their responsibilities in relation to safeguarding in this centre. Staff told the inspector about the steps they would take should they have a safeguarding concern. Where incidents of a safeguarding nature had occurred, appropriate action was taken to ensure that residents were protected and safeguarding plans were in place. Intimate care plans were viewed in a sample of residents' files.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a very strong focus on residents' rights in this centre. Residents living in this centre were supported to exercise their rights and were seen to have choice and control over their daily lives while also participating in meaningful activities of their own choosing. Residents were offered choices in areas such as food, activities and how they personalised their physical environment. Efforts had been made to provide activities that reflected residents' preferences. For example, a resident had been supported to take part in a cookery course. The person in charge and staff team were observed to speak with and interact respectfully with residents while residents were actively involved in decisions concerning their own care and support. Residents were supported to practice their chosen religion if they wished. For example, residents were supported to visit a church and visit graves of friends and relatives if desired.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0031438

Date of inspection: 05/07/2023

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The two individuals are not directly impacted by not having full access or control of their money, however the provider has engaged with relevant key support persons to work towards both individuals having full access.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Required kitchen renovations included as part of maintenance works and awaiting date for commencement of same.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	17/11/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2024