



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Services Limerick Group F
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0003953
Fieldwork ID:	MON-0034823

## 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 one domestic type house in close proximity to the provider's main campus where services such as the day service, training centre, administration and nursing services are based. Full-time residential services are provided to a maximum of five residents. The service supports residents with higher needs in the context of their disability; the provider aims to support each resident in a person centred manner so that they enjoy a good quality of life based in their local community. Residents attend day services Monday to Friday or enjoy a quieter pace of life as tailored to their individual needs; each house is staffed when residents are present. The staff team is comprised of care staff and social care staff managed by the social care leader; the person in charge is the manager with regulatory responsibility.

**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
Thursday 21 April 2022	10:20hrs to 17:30hrs	Caitriona Twomey	Lead

## What residents told us and what inspectors observed

It had been assessed that the residents in this centre were not compatible to live together. This longstanding issue had resulted in the creation of two separate living areas within one building. Although the provider had a long-term proposal to address this, there was no time bound plan in place. Despite the efforts of staff, there were insufficient interim arrangements in place to ensure that all residents in the centre enjoyed a good quality of life.

This was an unannounced inspection conducted to follow up on the findings of the most recent inspection of this centre by Health Information and Quality Authority (HIQA) in December 2020. At that time, inspection findings indicated that this centre was not compliant with Regulation 5: Individualised assessment and planning and Regulation 17: Premises. For this reason, this inspection focused on only a small number of regulations. At the close of the inspection two urgent actions were issued regarding these two regulations. This required the provider to respond to specific issues raised within four working days of the inspection.

On arrival the inspector met with two staff working in the centre. The person in charge was on leave at the time of this inspection. Later, the inspector met with the person participating in management of the designated centre. They and the service manager also attended a feedback meeting at the close of the inspection. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection.

The centre was a bungalow in a suburb on the outskirts of Limerick city. It was decorated in a homely manner. There were photographs and artworks on display in the communal areas and in each resident's bedroom. The centre was registered to accommodate five adults. At the time of this inspection there were four residents staying in the centre, while the fifth resident was staying with relatives for Easter. The inspector had the opportunity to meet all four residents in the course of this inspection. Staff explained to the inspector that one resident spent their time in one area of the house, while the other four residents shared a larger living space

Two residents were enjoying a lie in when the inspector arrived, one was sitting at the kitchen table and another had already left for their day service. All residents in the centre attended daytime activities however the services that two residents attended were closed for the Easter holidays at the time of this inspection. The inspector first met with the residents who shared a living space. It was clear that warm and respectful relationships had been developed between these residents and staff. They appeared at ease in the centre and in each other's company. One resident smiled when introduced to the inspector and repeated their name. They were preparing to attend their day service. Another resident was very welcoming to the inspector and spoke with them about a range of topics including their family, friends, what they enjoyed doing, their plans for the day and upcoming celebrations.

They were going shopping later in the day and spoke with the inspector about what was on their shopping list. They were very positive about their experiences of living in the centre, their housemates and the staff team. Later they spent some time outside enjoying the sunshine and listening to the radio. The inspector observed another resident being supported by staff to water plants. All support observed was unhurried and respectful. It was clear that staff were familiar with the residents, their preferences and support needs.

Later, the inspector briefly spent time in the company of the person who lived in the smaller area of the centre. This resident was being supported by a staff member who knew them well. While initially they did not seem affected by the inspector's presence, shortly afterwards they engaged in behaviours that indicated distress. Staff explained that this may have been due to someone they did not know being in the house or may have been related to something else. The support provided to the resident at this time was sensitive to their needs and in line with their personal plan.

There were at least two staff working in the centre when the residents were present. This increased to three staff when all five residents were in the centre. Two staff worked in the centre overnight, both completing sleepover shifts. Due to the staff roster in place, at the weekend one staff member remained in the centre from Friday to the following Monday.

Although decorated in a homely manner, many areas of the centre were not kept in a good state of repair and some areas identified as requiring improvement at the time of the last HIQA inspection had not been addressed. The inspector observed that a number of walls, ceilings, doors and skirting boards required repainting. Damp areas were evident on the ceiling in the kitchen and living room. It was also noted that there were a number of loose wires on the walls in the hallway and living room. As was identified during the last inspection, the refrigerator used to store medication was in the living room, the kitchen required an upgrade, and both staff bedrooms were very small with limited space for staff to store their own belongings.

One of the residents gave the inspector a tour of the larger, shared area of the centre and the garden. This area consisted of a kitchen and dining room, a living room, a bathroom, a staff office / bedroom, and a bedroom for each of the four residents. As was highlighted in the last inspection of the centre, the kitchen was not fully accessible to one of the residents who was a wheelchair user. Since then an occupational therapist had worked with the provider to make some aspects of the kitchen more accessible, for example items being stored in drawers rather than cupboards. While this was an improvement, many kitchen facilities were still not accessible to this resident. Management advised that more extensive works to the kitchen would be considered when one resident moved in to an alternative setting. As will be outlined throughout this report, there was no clear timeframe for this to happen. It was also noted that the kitchen was in a poor state of repair. The surfaces of some kitchen units, counters and other tiled areas were damaged and stained.

The living room had a large television and a fish tank. Due to one resident's interests in arts and crafts, a number of craft materials were also available.

Residents' bedrooms were observed to be clean and decorated in line with their individual tastes. Residents who wanted one had a television in their room. Some residents chose to have art, photographs and other posters on their walls. One resident had picked a colour scheme for their bedroom and another had mood lighting on the wall. When outside, the inspector was shown a number of raised beds. Each one was allocated to a specific resident. One resident spoke about their plans for planting that year, while another resident's plans for their bed were noted in their personal development plan.

One resident spent the majority of their time in a small area of the designated centre. They had their own external door to this part of the centre and signs were in place to indicate this area was for their use. Another resident described this area to the inspector as this resident's house. Although there was a door connecting this area to the kitchen, this resident chose not to enter the communal areas of the house while the other residents were present. In addition this connecting door was locked at mealtimes and other specific times to prevent this resident from entering. This restriction had been implemented following incidents which had posed a safety risk and caused distress to the other residents. It was noted in the recordings of some incidents in the centre that the other residents were reassured when staff reminded them that this interconnecting door was locked. Staff also reported this to the inspector. It therefore appeared that one resident living separately to the rest of the group was the preference of all of the residents living in the centre.

This area was comprised of a narrow corridor, a utility room which had been repurposed, a staff bedroom and the resident's bedroom. The utility room was now used by this resident to prepare some snacks and eat their meals. This room was approximately two square metres in size and contained a countertop and a stool. Some kitchen equipment was stored on the counter including a microwave, kettle and toaster. A small refrigerator was stored under the counter. The provider was issued with an urgent action regarding the condition of this room. The room was observed to be in a poor state of repair. It required repainting and the surfaces on the counter and flooring were damaged. The walls and furnishings were also observed to be unclean.

The resident's bedroom was less than seven square metres in size and was fitted with a single bed, some storage furniture and a chair. Some clothes belonging to the resident were stored in a wardrobe in the corridor. Staff had supported the resident to personalise the room with furnishings, photographs and by putting their preferred items on display. Staff advised that the resident rarely sat in the chair in their bedroom and instead spent a large amount of their time in the centre in bed. While there, they may engage in activities such as listening to music or playing games on their computer. Staff advised that they offered and encouraged the resident to participate in activities outside the centre, such as going for a walk, but they declined the majority of these opportunities. Activity records reviewed by the inspector also demonstrated this. A schedule of activities was on display on the wall, however the resident chose not to participate in many of the activities outlined. It was noted that this resident did occasionally spend time using an exercise bike. This was stored, and used, in a shed in the back garden.

There was no sitting or living room area available in this part of the designated centre. The resident who lived there therefore spent their time in the utility room, their bedroom or the garden shed. When asked about the arrangements when this resident had visitors, staff advised that visitors were hosted in the garden area (as was required, at certain stages of the COVID-19 pandemic) or in the main area of the designated centre. If visitors were in the main area of the house, arrangements were made for all other residents to leave the centre.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review and the report written following an unannounced visit to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at the records of incidents and complaints and a sample of residents' individual files. These files included residents' personal development plans, healthcare and other support plans.

The registered provider had failed to ensure that the designated centre was suitable to meet the assessed needs of each resident living in this centre. As will be outlined later in this report this was evidenced by the multidisciplinary assessment of need completed for one resident, the complaints made by other residents and their relatives regarding the impact of one resident's presentation on them, the need to use restrictive practices, one resident's request to move out of the centre, and the inspector's own observations and review of recordings which indicated that this matter was ongoing. Although efforts had been made since the last inspection to address this issue (including additional multidisciplinary input and installation of soundproofing), they had not been effective. The provider was therefore issued with an urgent action to detail both the long term plan and the interim arrangements for all residents involved to address this longstanding non-compliance with the regulations.

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 to each resident living in the centre.

## Capacity and capability

While there was evidence of continued efforts by the provider to address the ongoing incompatibility in the centre in the long term, the absence of effective interim arrangements meant that the service provided was not appropriate to residents' needs, consistent or safe.

There was a clearly defined management structure in the centre which identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge, who in turn reported to the person participating in



management, who reported to the service manager. The person in charge fulfilled this role for one other designated centre. As previously outlined, the person in charge was on leave on the day of this unannounced inspection and the inspector met with the two other members of the management team. Both regularly attended meetings regarding one resident and were aware that the designated centre was not appropriate to their needs. They were also aware of the negative impact this ongoing situation had on all of the residents living in the centre.

Since the last inspection of the centre, the provider had secured funding, arranged for the design of an alternative home for this resident and prepared a schedule of works. At the time of this inspection they were awaiting correspondence from the local authority prior to submitting the required planning application to build. It was hoped that this alternative accommodation would be available to the resident by the end of 2023. However it was acknowledged that it was difficult to accurately predict a timeline for this to occur. There was no plan in place to improve the living situation for the residents in the interim.

As highlighted in the opening section of this report, some actions outlined on the compliance plan submitted to HIQA following the December 2020 inspection were not completed. It was stated in this compliance plan that the kitchen would be upgraded, including with a storage space for the medication fridge, by the end of June 2021. This had not taken place. As outlined previously management advised that further works would be scheduled when one resident moved into alternative accommodation. All other actions were completed within the timeframes provided.

The provider had completed an annual review and unannounced visits to review the quality and safety of care provided in the centre. It is required by the regulations that these visits take place at least once every six months. It was noted that only one visit was completed in 2021, in March. A more recent visit had been completed in January 2022 but the report written regarding this visit was not available. The inspector reviewed the March 2021 report and the annual review completed in October 2021. Both documents made reference to the incompatibility of the residents living in the centre. It was stated in the annual review that residents were experiencing a compromised quality service which did not ensure that all residents were protected and enjoyed a safe home.

A number of complaints had been made in the centre. These were made both by residents and by relatives on their behalf. Many of these related to the negative impact of the ongoing living arrangements on residents. The situation was described as 'going on too long' and not being fair. One resident expressed a wish to move elsewhere. Complainants had been informed of the plan for one resident to move out of this house and based on this some complaints had been closed despite there being no timeline for this to take place. It was noted on another record that the complaint was 'resolved as much as possible'. Complaints were also documented regarding other matters. These matters had been investigated and resolved promptly to the satisfaction of the complainants.

## Regulation 23: Governance and management

Although a large body of work was completed regarding plans to build alternative accommodation for one resident, neither this plan nor a timeline for completion were confirmed. If completed within the proposed timelines, the incompatible and inappropriate living arrangements for all residents would continue to be in place three years after they were first identified by HIQA. At the time of this inspection, the systems in place in the designated centre did not ensure that the service provided was safe, appropriate to residents' needs, and consistent. Some actions outlined in the compliance plan previously submitted to HIQA had not been completed within the stated timeframes. Unannounced visits to the centre to monitor the safety and quality of care and support provided were not carried out every six months, as is required by the regulations.

Judgment: Substantially compliant

## Quality and safety

The inspector found that despite concerted staff efforts, the provision of additional multidisciplinary supports to one resident, and the completion of some minor works in the premises, these actions were not sufficient to address the non-compliances with the regulations identified in the last HIQA inspection of this centre.

It was highlighted in the December 2020 inspection report that one resident had not received recommended multidisciplinary supports. This had since been addressed with documents indicating ongoing occupational therapy, speech and language therapy and psychology input. Although completed assessments were not available in the resident's personal plan, these professionals had participated in a series of multidisciplinary meetings regarding this resident and the supports they required. Management also attended these meetings. Another meeting was scheduled for the month following this inspection. Staff also spoke about therapeutic supports provided using video conferencing software. A multidisciplinary assessment completed in February 2021 stated that the current living arrangements and environment were not meeting one resident's needs and were contributing to poor mental health and behaviour. It was also noted that this situation was impacting severely on the other residents. Despite this, over 12 months later, the issue had not been satisfactorily addressed.

Since the last inspection, numerous incidents had been documented in the centre where the other residents were reported to be afraid, visibly upset, uneasy and at times experienced disrupted sleep as a result of another resident's presentation. Complaints were also documented regarding this issue with one resident expressing a wish to move elsewhere. Staff were vigilant in recording these incidents including their impact on residents. The inspector reviewed sample of these recordings and

noted that when incidents did occur they often continued throughout the day, on some occasions for hours at a time.

The staff who spoke with the inspector were very conscious of the negative impact of the ongoing living situation on all residents of the centre. The resident who lived in the smaller area had been assessed as having a number of sensory sensitivities that made living with others very challenging for them. Notes made by an occupational therapist stated that sharing accommodation with peers was difficult and stressful for this resident. It was documented in their personal plan that they preferred their own space and company and that seeing or hearing their peers caused them to become agitated. Although soundproofing works had been completed, these were not effective. Staff reported that this resident at times enjoyed interacting with preferred staff but would not do this in the company of other residents. It was acknowledged that this resident had no social, recreational or dining space available to them, as is required by the regulations. It was also documented in their personal plan that this resident's social role in the centre was cooking. They had limited facilities in the part of the centre where they spent their time to engage in this activity. Staff advised that the resident had their own designated area in the day service and at times participated in cooking and baking there.

There was evidence that the staff team continued in their efforts to encourage this resident to engage in activities both in the centre and local community. These were largely unsuccessful. However there had been some progress in supporting the resident to be involved in looking after their own living area and participating in some household tasks. Plans were underway to support them to visit relatives in another county and to revise the use of their raised bed in the garden.

Staff reported that the other residents had not appeared as upset by their peer's behaviour in recent months. This was consistent with the reduction in notifications submitted to HIQA. Given that these incidents were still occurring, the inspector asked staff why they felt this change had taken place. Staff reported that all five residents were now attending daytime activities outside the centre every day from Monday to Friday. They also reported that it appeared as if residents were now used to hearing these distressed behaviours and were reassured that their peer would not enter the larger living area. During the inspection, when one such incident did occur, the other residents did not display any response.

While the long-term plan to build separate accommodation for one resident was welcomed, the unconfirmed timeline, estimated to be towards the end of 2023 would require this resident to continue living in a small and unsuitable area of the current designated centre for another 18 months at least. The negative impact of the shared living arrangements on all five residents would also continue. This arrangement did not meet the regulatory requirement to ensure that the designated centre was suitable for the purposes of meeting the needs of each resident. It was not clear to the inspector what arrangements were in place or were planned to improve the residents' quality of life in the interim.

## Regulation 17: Premises

The premises were not designed or laid out to meet the needs of the residents, one of whom required their own separate living area. The designated centre was not kept in a good state of repair. Maintenance works, including painting, replacement of damaged flooring and tiles, were required throughout the centre. One room was noted to be unclean and damp areas were observed on ceilings. Although some accommodations had been made, the kitchen was not accessible to one resident who used a wheelchair. One resident did not have access to adequate social, recreational and dining accommodation. Adequate space and storage facilities were not available in the centre, as demonstrated by the continued storage of a medication fridge in the living room.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessments by appropriate health care professionals on the health, personal and social care needs of each resident were completed. These indicated that the designated centre was not suitable for the purposes of meeting the needs of each resident.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant

# Compliance Plan for Community Residential Services Limerick Group F OSV-0003953

Inspection ID: MON-0034823

Date of inspection: 21/04/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that six monthly unannounced audits are completed as required.</p> <p>The Registered provider will monitor progress on implementation of actions identified in audits.</p> <p>The registered provider will continue to monitor the delivery of care in the centre through regular communication with PIC, PPIM and Allied Health Professionals while awaiting completion of bespoke accommodation for one resident.</p> <p>The registered provider has a funded plan in place with a provisional programme of works. The programme of works is subject to approval of planning permission and to that end a pre-planning meeting was sought with the local authority in December 2021. There have been monthly follow up requests for a meeting with the local authority. The registered provider will continue to seek a meeting to progress the planning process.</p> <p>The registered provider held a meeting with the HSE to discuss the non-compliances in the centre. A business case has been submitted to HSE for additional resources to secure enhanced staffing resources in the centre until the building project is completed to support reduced time when all residents are present in the centre together. This is being supported by HSE Disability Services and is awaiting final approval from Senior HSE Management.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The Registered Provider will ensure that urgent maintenance works, replacement flooring and painting, are completed.  The Registered Provider and PIC will ensure that hygiene standards are achieved and maintained through audit and oversight by PIC and PPIM.  The registered provider will ensure that alterations to further increase accessibility will be completed following building of the bespoke accommodation.</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:  The Registered Provider has ensured that funding is secured for the development of bespoke accommodation for one resident due their impact on peers, which will meet their assessed needs. The design has been agreed and approved by the MDT. The programme of works is subject to approval of planning permission and to that end a pre-planning meeting was sought with the local authority in December 2021. There have been monthly follow up requests for a meeting with the local authority, the registered provider will continue to seek a meeting to progress the planning process. A programme of works has been drafted and submitted to the authority. The timeline for the completion of the building project will be confirmed once planning is approved.</p> <p>All residents attend day service Monday to Friday. Two residents attend the same day service group, the three remaining residents each attend separate day service groups. Two rooms outside the centre which are used to provide day service, have been available to the residents at evenings, weekends and day service closures since May 2021. This reduces the contact time between the residents and the peer whose presentation is impacting upon them. An additional day service location will be made available to all residents in evenings, weekends and day service closures.</p> <p>A business case has been submitted to HSE for additional resources to secure enhanced staffing resources in the centre until the building project is completed to support reduced time when all residents are present in the centre together. This is being supported by HSE Disability Services and is awaiting final approval from Senior HSE Management. This will further support reduced contact time and support all residents engage in activities and breaks away from the centre.</p> <p>Protective measures that have been introduced and implemented have been effective</p>	



in protecting resident's rights. They will be reviewed regularly to ensure they are effective.

Residents will continue to be facilitated to express their views and wishes through monthly residents meetings, which includes complaints as a standard agenda item.

The registered provider will ensure that residents are supported to meet with the Service Human Rights Officer, to support residents with their understanding of their rights.

Residents in this centre will be offered any suitable vacancies that arise elsewhere in the Service, with the option to return to this centre when building works are complete.

The registered provider held a meeting with the HSE to discuss the non-compliances in the centre and has submitted a business case for enhanced staffing resources in the centre until the building project is completed to support reduced time when all residents are present in the centre together. This is supported by HSE Disability Services and is forwarded to Senior HSE Management for approval.

## 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	30/11/2023
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.	Not Compliant	Red	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(6)	The registered provider shall	Substantially Compliant	Yellow	30/11/2023

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six	Substantially Compliant	Yellow	31/07/2022

	months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Red	30/11/2023