

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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group N
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	12 March 2024
Centre ID:	OSV-0005163
Fieldwork ID:	MON-0043114

About the designated centre

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

St. Anne's residential service Group N is a residential centre. The centre currently affords a service to five adults, both male and female, over the age of 18 years. The centre is registered to accommodate six residents. The service operates on a full-time basis but residents attend a number of nearby day services Monday to Friday. The house is a detached dormer house located on its own spacious site and conveniently located to facilities such as shops and the nearby church. Accommodation for residents is provided on both the ground and first floors and is suitable for example, for residents with physical and mobility needs. The day-to-day management and oversight of the service is delegated to the person in charge supported by the senior management team. The house is staffed when residents are present in the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 March 2024	10:00hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to assess the provider's compliance with the regulations and standards.

In this centre there has been a longstanding absence of compatibility between the needs and the expressed preferences of the residents living in the house. One resident had clearly told the provider that they did not want to live in this centre. This was reflected in the findings of previous HIQA inspections and in the pattern of notifications submitted to the Chief Inspector. The inspector found that the providers plan to resolve this was now at an advanced stage and this was taken into consideration when assessing compliance. Overall therefore, a good level of compliance with the regulations was found.

On arrival at the designated centre the inspector was greeted by the person in charge. There was one staff member on duty and all five residents had left for their respective day services. The inspection was facilitated by the person in charge. The inspector had opportunity to meet and speak with the staff members who came on duty. Feedback on the inspection findings was provided to the person in charge and two members of the senior management team.

Throughout the day the person in charge could readily describe and demonstrate to the inspector how they planned, managed and maintained oversight of the service. The person in charge was very aware of the placement challenge within the service and how this was managed so as to reduce the impact on all five residents. For example, the risk based staffing arrangements put in place by the provider and the staggered routines of the residents.

The person in charge described for the inspector the daily routines of each resident, their plans of support and care and, how residents were supported to maintain contact with family and home. The person in charge or the keyworker liaised with each of the day services attended by residents so that they had a personal plan that was meaningful and provided continuity for each resident.

The provider had comprehensive quality assurance systems for assessing the quality and safety of the service. These reviews highlighted what was positive but also the challenges in the service such as the delayed transition of one resident to their new home. The reviews provided for consultation with residents and their representatives. While very positive on many levels the feedback provided also reflected the impact of the placement challenge and, the lack of timeliness in resolving this matter. For example, the provider could not fully and satisfactorily resolve complaints that it had received until the transition was complete.

The inspector reviewed all areas of the house. The house was comfortable and laid out to meet the different needs of the residents. For example, two residents who had mobility needs were provided with bedrooms on the ground floor. Each resident

had ensuite sanitary facilities. However, there was an evident need for some general maintenance externally and internally, refitting and redecoration. For example, while staff were noted to diligently attend to general cleaning duties there were surfaces that were not suited to effective cleaning such as slatted type shower trays. Many of these matters were on a refurbishment plan at the time of the last Health Information and Quality Authority (HIQA) inspection completed in September 2022.

The inspector had the opportunity to meet with three of the five residents when they returned from their different day services. The assessed needs of two of these residents included communication differences. These residents used a range of gestures, words and expressions to engage with the inspector.

For example, one resident greeted the inspector with a great warm smile and offered the staff members on duty and the inspector a big hug. The resident nodded when asked if they had had a good day, moved freely between their bedroom and the dining room, sat and enjoyed a cup of tea provided by a staff member while observing what was going on in the house.

One resident gave a good account of their day and the different things they enjoyed doing. For example, the resident was delighted when the inspector admired their hair and said they had recently had it done at one of the local hairdressers. The resident spoke of their love of music, their participation in local music events including a radio show and generously offered to sing a song for the inspector. The resident told the inspector that the person in charge was the best manager they had ever had. When asked why, the resident said the person in charge was kind and always looked after and cared for them all.

The third resident gestured to the inspector to sit in the chair beside them. The resident used purposeful words to convey what was important to them such as family and home and enjoying trips in the "bus". The person in charge said that the resident genuinely loved being in the car regardless of the destination. Internal reviews however had identified the need for a more up-to-date vehicle and a vehicle that was better suited to the needs of the residents.

The three residents presented as very well and very comfortable with the staff members on duty and the person in charge. However, the inspector did note that one resident averted their gaze from a peer as they passed each other in the hallway. Another resident used a physical gesture the meaning of which was explained to the inspector by the person in charge. The person in charge said that this was how the resident was communicating that there could be noise and disturbance at times upstairs in the house.

In summary, residents received good support and care in many aspects of their lives. However, the wellbeing of all five residents and, the quality and safety of the service was impacted at times by the prolonged nature of the transition plan. The provider acknowledged this. The provider also acknowledged the restrictive dimensions of some controls it put in place to reduce the risk to residents. For example, their altered and different routines and the requirement of residents at times, to leave activities or specific areas when incidents occurred. These controls

were needed until the transition was complete.

The next two sections of this report will describe the governance and management arrangements in place and how these assured the quality and safety of the service.

Capacity and capability

The management structure was clear as were individual roles and responsibilities. Local management systems were good and the provider maintained good oversight of those local systems of management. However, while the provider was effectively identifying and responding to matters that impacted on the appropriateness, quality and safety of the service, the provider's response was not always timely.

Day-to-day management and oversight of the service was delegated to the person in charge. This was not a supernumerary role and was described as busy and challenging at times. The person in charge said they had good support from the staff team who had delegated duties such as in relation to the maintenance and updating of residents' personal plans and the planning of the staff duty rota. The person in charge said they were also very well supported by their line manager and the wider management team. The provider operated a 24/7 on call manager system that was available and used by staff as needed.

It was evident from speaking with the person in charge that they were consistently and effectively engaged in the management and oversight of the service. For example, staff team meetings were regular, there was a schedule in place for the supervision of staff and, the register of risks was up-to-date and appropriate to the needs of the service.

The staff duty rota was well maintained and demonstrated that consistency was considered when planning the rota. For example, one agency staff was required and the same agency staff member was consistently referenced on the duty rota. Good oversight was maintained of staff attendance at training.

The provider had a range of quality assurance systems that included the annual service review and the quality and safety reviews required to be completed by the regulations at least every six months. These reviews were completed on schedule, the reviews provided for consultation with residents, their representatives and staff members. The lines of enquiry used were comprehensive and the reviews were completed by experienced managers. The reviews identified issues that were impacting on and limiting the quality and safety of the service such as the absence of compatibility and the safeguarding controls implemented in response. However, while acknowledging that there were challenges at times such as funding issues, the provider's implementation of its own quality improvement plans was not always timely.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably experienced and qualified and had the skills needed to effectively manage and oversee the service provided to each resident. The person in charge could readily describe and provide evidence of how they planned, managed and monitored the service. It was evident from these inspection findings that the person in charge was consistently engaged in the management and general administration of the centre. The inspector noted the easy rapport between the person in charge, the residents and the staff members on duty.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual staff duty rota was maintained. The staff duty rota indicated that a regular team of staff provided the continuity and consistency that residents needed. The person in charge was a registered nurse and additional nursing advice and care was available from within the wider management and organisational structure. Staffing levels and arrangements were suited to the assessed needs of the residents. For example, the risk based staffing arrangements put in place as a safeguarding control. These controls included staffing levels to support different routines for the residents and one-to-one staff support at specific times each day for one resident. The staffing levels observed were as reported and as recorded on the staff duty rota.

Judgment: Compliant

Regulation 16: Training and staff development

Based on the inspectors review of the staff training matrix good oversight was maintained of staff attendance at training. Staff had completed training such as in safeguarding, fire safety, responding to behaviour that challenged and, the

administration of medicines. Staff had completed a range of infection prevention and control training. The scope of training provided was broad, reflected the assessed needs of the residents and supported staff in the delivery of a person centred service. For example, the staff team had completed human rights training and training on assisted decision-making. The person in charge maintained a regular presence in the centre and also completed formal supervisions with the staff team.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted, with its application seeking renewal of the registration of this centre, evidence that it had insurance in place such as insurance against the risk of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed centre. The provider itself was identifying matters that impacted on and limited the appropriateness, quality and safety of the service. For example, the provider fully acknowledged that living in this centre was not suited to the expressed wishes and preferences of one resident and this impacted on all five residents. However, while the provider took action to reduce the associated risk and an agreed resolution was now imminent, this was a longstanding matter. For example, it was a finding of repeat internal reviews of the service and external reviews such as HIQA inspections. Another area identified for improvement but not resolved in line with time-frames previously committed to by the provider, was the upgrade of areas of the premises. It had also been identified that the current vehicle used to transport residents was not suited to all resident needs and, while serviced and maintained it was old and had accumulated significant mileage. Therefore, the providers quality improvement plans did not always bring about timely change and improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as details of the management structure, the facilities and services provided and, the

arrangements for visits. The inspector saw that the statement of purpose and function was available in the service.
Judgment: Compliant
Regulation 30: Volunteers
The inspector noted that there were arrangements in place for the support and supervision of persons who worked in the centre but who were not directly employed by the provider. For example, they attended staff team meetings, a record was maintained of the training they completed and, the person in charge provided support and supervision.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was clear on the incidents and events that required notification to the Chief Inspector. The inspector reviewed the log of incidents that had occurred in the centre. The inspector was assured there were appropriate arrangements in place for notifying events such as incidents that occurred and that posed a risk to the wellbeing and safety of residents.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had policy and procedures for the receipt and management of complaints. These were available in the centre in an accessible format. Residents and their representatives were supported to access and use the complaint procedure. The open complaints on file were all in some way linked to the delayed transition. Because this was unresolved the provider could respond to the complaints but could not fully resolve the complaints or fully satisfy complainants. Records seen stated that one complainant though met with, spoken with and provided with assurances had residual concerns.
Judgment: Substantially compliant

Quality and safety

There was an evident commitment to provide residents with a safe service and a good quality of life. Overall, resident health and wellbeing was maintained by a good standard of evidence based support and care. However, it was well established that living in this centre was not suited to the needs and expressed wishes of one resident. This had impacted on all five residents. While almost resolved there was no definitive date by which the resident would transition to their new home. It was also evident that time would be needed post this transition for the remaining residents to adjust to this change. This time was needed to establish if the altered mix of residents living in the house would have a positive impact or, if residents would continue to need support such as from the positive behaviour support team.

The person in charge had sound knowledge of each resident, their assessed needs and their plans of support and care including their healthcare plans. The personal plan reviewed by the inspector had recently been reviewed. The plan was comprehensive and was based on the assessment of the resident's needs and wishes.

The plan was informed by input from the multi-disciplinary team (MDT) much of which was available from with the providers own structures and resources. The person in charge ensured that residents had access to these internal services and to community based services such as the general practitioner (GP).

The personal plan included a plan to support the resident to transition to their new home. This was in line with the resident's expressed wishes and preferences. However, as stated previously in this report this was a longstanding plan and the resident had been consulted with and had expected to move from this service much sooner. For example, the inspector saw that the transition plan in place had commenced in 2022 and, at that point the resident had stated that they did not like living in the house and were "sick" of living in it.

This delayed transition had impacted on all five residents due to behaviour that was expressed and caused upset and anxiety to the resident themselves and their peers. Based on notifications submitted to HIQA one resident appeared to be impacted more than others. There was evidence that peers were experiencing anxiety and responsive behaviours and this was impacting on other peers.

The provider clearly recognised and acknowledged that these were safeguarding matters and had taken measures to protect residents. Staffing levels and arrangements were adjusted as were residents' routines to reduce the risk of incidents occurring. For example, it was well established that busy periods in the house and the perception that staff were not giving their full attention to a resident were known triggers for incidents to occur. Incidents were recorded and it was evident from records seen that staff recognised incidents that were safeguarding incidents and staff completed both an incident record and the required safeguarding

documentation

The frequency of these incidents had reduced indicating that the measures put in place by the provider were effective. However, the provider acknowledged that some of these measures were restrictive in nature such as requesting residents to leave a particular area of the house. It was evident that while necessary for their safety, residents would not have reasonable choice and control in their home and over their routines until the transition was finalised.

The person in charge maintained good and consistent oversight of incidents that had occurred and how they were managed. For example, the person in charge described their oversight of the administration by staff of medicines prescribed as part of the plan for responding to behaviour that challenged. For example, the person in charge monitored the recorded time-lines to assure that the medicine was administered in line with the administration protocol.

The register of risks reflected the risks arising in the centre such as the risk from behaviour that challenged. There was a good link between the assessment of general risks such as the risk for aggression and violence and staff lone working and, the assessment of risks specific to each resident. Some of the residual risk ratings were high as an outstanding control was the transition plan.

Good oversight was maintained of the centres fire safety arrangements including the procedure for evacuating residents and staff. A staff member spoken with had very good knowledge of these procedures including each resident's personal emergency evacuation plan.

Regulation 10: Communication

The assessed needs of some residents included communication differences. The person in charge described how residents were spoken with as staff sought to ascertain resident choice and to include residents in decisions about their support and care. The inspector noted that staff had access to a suite of picture exchange communication tools (PECS) and, information such as the complaint procedure was available in an accessible format. Residents used a range of gestures and words to communicate their needs and wishes and the inspector noted no barriers to effective communication between the residents and the staff members on duty. Residents had access to a range of media, devices and the Internet.

Judgment: Compliant

Regulation 11: Visits

As appropriate to their individual circumstances residents were supported to enjoy

access to home and family. This included overnight stays with family and day visits supported by the staff team if needed. Families were invited to attend personal planning meetings and clinical reviews. There were no restrictions on visits to the centre.

Judgment: Compliant

Regulation 13: General welfare and development

MDT input and oversight assured the evidence base of the support and care provided. All five residents accessed off-site day services Monday to Friday. While residents personal plans were the responsibility of the person in charge the residential and day services worked together on the preparation and progress of residents' goals and objectives. With due regard to each resident's disability, their needs and abilities, residents had the opportunity to engage in a range of activities such as swimming, learning life-skills, enjoying the experience of work, going on meaningful day trips and enjoying overnight stays in hotels with support from staff. Residents were visible and known in the local community and were regular attendees for example at the local church.

Judgment: Compliant

Regulation 17: Premises

The house was dormer style and located on its own spacious site. The design and layout of the house was suited to the assessed needs of the residents. While welcoming and comfortable the house internally and externally was in need of some general maintenance, upgrading and redecoration. For example, the inspector noted some damaged paintwork and some damage to the the kitchen cupboards and counter-top from general wear and tear. Some fittings and surfaces were not conducive to effective cleaning, in particular two shower units. The providers own internal reviews had issued quality improvement plans for the required premises works. The required upgrades were also identified during the last HIQA inspection completed in September 2022.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide contained all of the required information such as the facilities to

be provided, the terms and conditions for living in the house, the arrangements for visits and, how to make a complaint.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained good oversight of incidents that occurred in the centre, reviewed how they were managed and took corrective actions as needed. For example, requests for further review by the MDT were made following a fall sustained by a resident and the environmental trip hazard was attended to. The risk assessments in place reflected general work related risks but also the specific risks arising in the centre such as in relation to behaviour that challenged and the safeguarding risk this posed. The provider accepted that controls put in place to keep residents safe while proportionate to the risk did impact on residents. This was also evident from the notifications submitted to HIQA. For example, where residents were requested for their safety to leave a specific area of the house. Some residual risk ratings were high as an additional control was the outstanding transition addressed in Regulation 5.

Judgment: Compliant

Regulation 28: Fire precautions

The house was equipped with the required fire safety arrangements. These included a fire detection and alarm system, emergency lighting and doors with self-closing devices designed to contain fire and smoke. There was documentary evidence in place that these systems were inspected and tested. The fire safety manager completed an annual audit and the inspector noted that actions arising were addressed. For example, that audit had found a fire resistant door was not closing properly. The door closed when tested by the inspector.

The records of simulated evacuation drills confirmed that these were regular, different staff members participated and, one staff member could effectively evacuate all five residents. A staff member spoken with had very good knowledge of how to read and respond to the fire alarm panel and, of each residents personal emergency evacuation plan (PEEP).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider itself acknowledged that the service did not meet the assessed needs and expressed preferences of a resident. This was a longstanding placement concern. The matter was now nearing resolution and a suitable placement that the resident was happy with was identified. The inspector was advised that the staffing resources to support the transition were in place. The registration of the new house was in process with HIQA. However, at the time of this inspection there was no definitive date by which it was hoped the resident would have transitioned to their new home. Post transition, time was needed for the residents remaining in the house to adjust to this change given the prolonged nature of the placement concern and, the impact on them of incidents and controls put in place to manage risk.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge and the staff team monitored resident health and wellbeing and ensured residents had access to the services and clinicians that they needed. MDT input was available from within the providers own resources and from community based resources. The inspector saw from records seen that residents had good access for example to the GP, psychology, psychiatry, speech and language therapy and physiotherapy . Nursing advice and care was including in the staff and management skill-mix. The person in charge had very good knowledge of challenges that could arise to supporting residents to make good and informed decisions about their health and how these challenges were managed. For example, there were different arrangements in place for monitoring resident body weight where this was known to have a negative impact on a residents emotional well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

In the context of the delayed transition positive behaviour support was integral to the support provided in this centre. The support and care provided was informed by input from the clinical nurse specialist, psychology and psychiatry. Staff had completed training in de-escalation and intervention techniques. The support provided and the routines of the house were focused on managing known triggers so as to prevent incidents. For example, additional risk based staffing and staggered routines for the residents were in place. The provider acknowledged that some controls had a restrictive dimension but were required until the planned transition were complete. The provider also acknowledged that some behaviours exhibited were potentially responsive to and triggered by the placement concern. It was

envisioned that once complete the transition would benefit the overall wellbeing of all residents and reduce the reliance on the controls put in place. The person in charge described how they monitored the administration by staff of medicines prescribed as an adjunct to the positive behavioural support plan to ensure it was administered as a last resort.
Judgment: Compliant
Regulation 8: Protection
The provider acknowledged that one impact of the delayed transition was the risk for incidents to occur that posed a risk to ensuring residents were protected from all forms of harm. The provider had associated risk assessments, controls and, where needed, active safeguarding plans. The staff team had completed safeguarding training and reported any concerns that arose. The provider acted on these concerns and reported them for example to HIQA and the local safeguarding team.
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
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group N OSV-0005163

Inspection ID: MON-0043114

Date of inspection: 12/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Resident who expressed that they did not like living in the Centre has now moved to new placement 25.03.2024, also reducing the impact on all 5 residents.</p> <p>Since the inspection the provider has sourced a costed plan re painting the entire premises and the external walls. This work is due to commence early May 2024. The kitchen will be reviewed and a costed plan will be forwarded to the provider once complete. This was agreed 12.04.2024.</p> <p>Since the inspection the vehicle described has been replaced with a more suitable vehicle. This vehicle is rented. The transport manager is following up on the future plan in relation to the service vehicle with a view to replacing same.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints on file linked to the delayed transition are now resolved and closed. All complainants have been contacted and these complaints are now closed.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection the provider has sourced a costed plan re painting the entire premises and the external walls. This work is due to commence early May 2024. The kitchen will be reviewed and a costed plan will be forwarded to the provider once complete. This was agreed 12.04.2024.</p> <p>The person in charge will apply for an adaptation grant to the local county council, to upgrade en-suite bathrooms – two shower units to ensure that standards in relation to IPC measures are met replacing slatted shower trays.</p> <p>General maintenance will be carried out on an ongoing basis to ensure the house remains in good condition and appropriate to meeting residents needs.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Resident who expressed that they did not like living in the Centre has now moved to new placement 25.03.2024. The residents assessed needs have now been met following full transition plan and with MDT approval.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(4)	The registered provider shall ensure that such 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.	Substantially Compliant	Yellow	30/06/2024
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	Substantially Compliant	Yellow	30/06/2024

	accordance with the statement of purpose.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	30/04/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2024