



# 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 P
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 October 2023
Centre ID:	OSV-0005564
Fieldwork ID:	MON-0032572

## About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. All five residents have available to them transport facilities which enable them to get out and about and engage in activities that interest them. Residents present with a broad range of needs in the context of their disability and the service aims to meet these physical, emotional and sensory needs. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. The bungalow is subdivided to provide an individualised living space for one resident. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located in a mature populated suburb of the town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Nursing support is also available to residents.

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

Number of residents on the date of inspection:	5
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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
Monday 23 October 2023	09:20hrs to 17:40hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor the levels of compliance with the regulations and standards and to inform an upcoming registration renewal decision. The inspector found that residents that lived in the centre enjoyed a good quality of life with person-centered supports in place. Good levels of compliance were found across the majority of regulations with some improvements required in a small number of areas. Most significantly, premises improvements were required to ensure the living environment was clutter free, kept in good structural repair and met the needs of all residents living in the centre.

The designated centre comprises one large detached bungalow building near a large town in Co. Tipperary. The centre provided care and support to five individuals. There were no vacancies at the time of the inspection. The inspector had the opportunity to meet with all five residents across the inspection day. In addition to meeting with residents, the inspector met with the staff team, completed a walk around of the premises, and reviewed documentation in relation to key areas of care and support to gather a sense of what it was to like to live in the centre.

The inspector completed a walk around of the premises with a staff member. Some residents choose to lock their bedroom doors so the inspector reviewed their bedrooms when they returned in the afternoon. In the main home there were four bedrooms, one bedroom had en-suite facilities. Residents had access to a sitting room, kitchen/dining area and shared bathroom. One room was designated as a staff office and sleep over room. The home had been re-configured to have part of the building as a self-contained annexe for one resident. In this part of the home there was an en-suite bedroom, a sitting room and a kitchenette storage area were food and delph was stored. The resident had access to a kettle and microwave. The designated centre overall was nicely decorated and homely in presentation. Pictures of residents, their families and friends were displayed in all areas of the home. Residents' rooms were individually decorated with personal items on display including many certificates of achievement and courses completed. However, aspects of the premises required repair, painting and renovation. This included an en-suite bathroom which was in very poor condition. Storage in the centre required review to ensure items were stored in an appropriate manner and did not hinder access to exit doors. This is discussed in further detail under the relevant sections of the report.

On arrival at the centre two residents were getting ready to leave for their day service. They were seen to get their possessions ready and lock their bedroom doors. The residents choose to lock their bedroom door as their was a particular personal preference. They moved freely around their home and were independent in many aspects of their daily living skills. They interacted freely with the staff present and appeared very comfortable in their home. When the residents returned in the afternoon they both consented to the inspector viewing their bedroom spaces. Residents were present during this process. Both rooms were very much

individualised. A resident explained to the inspector that their TV was not working and later in the afternoon they left the centre to go and purchase a new one. They were very specific in the type of TV they wanted and staff listened and responded to the residents' individual requests. Residents stated they were happy in their home and with the staff support they received.

The three other residents in the home received a day service provision from their residential setting. Three day service staff were rostered on duty on the day of inspection. Staff were seen to support these residents with aspects of care and support. Staff were kind, patient and interactive in their approach. Staff were familiar with all residents' support needs and described in detail care plans in relation to feeding, eating, drinking and swallowing needs. Staff were seen to get items ready to leave and follow process in relation to taking medication and finances out of the home. They helped all residents get ready and left for the day to visit a nearby town. On the day of inspection there were two vehicles available to the residents which enabled all residents to leave the home. The inspector met with two of the residents during this process. The residents did not overly engage with the inspector but seemed comfortable in their presence. They smiled when spoken too and responded to staff in a positive manner. The third resident met the inspector in the afternoon. The inspector brought in some magazines for the resident (as directed by staff) to ensure this was a positive interaction. Initially the resident was a bit hesitant about the inspector coming into their space but with staff support became more comfortable. The resident repeated favourite phrases but did not directly engage in conversation type interactions. They asked the inspector's name on a few occasions. Staff helped the resident show the inspector some important family pictures that were displayed around their self-contained annexe. The resident also showed their two pet budgies they kept. The resident smiled at staff during interactions and staff were very familiar with the resident's specific preferences.

Residents had busy active lives and their goals in their personal plans reflected this. They enjoyed holidays, day trips, visiting restaurants and cafes, shopping, visits from family and friends, celebrations of important occasions such as weddings and birthdays, attending shows and concerts, and local sporting events to name but a few. Photographs of residents attending community events and important occasions were readily displayed. In addition a number of residents took educational and information courses in diabetes, advocacy and more recently had attended a course in relation to the Assisted Decision-Making Act (Capacity) 2015. A resident also enjoyed raising money for charity and showed the inspector some of the items they had made and that they were going to sell for this purpose.

Overall the inspector observed that residents were supported by a dedicated staff team and enjoyed a good quality of life. Some improvements were needed in relation staffing, maintenance of the premises, updating of policies and procedures and staffing training This will be presented in more detail in the subsequent sections of the report.

## Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that this was resulting in the delivery of high-quality, person-centred care and support for the residents living in the centre. The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. Although this inspection identified some minor areas of improvement in relation to staffing resources and staff training. For the most part, the provider had self-identified these areas as discussed in this report.

Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to be comfortable and content in the presence of staff, and to seek them out for support as required. However, the centre was operating at a deficit of 40 hours staffing hours per week. This had been assessed by the provider and highlighted in their audits and reviews. This issue was also present in the previous inspection report. Although funding had been sought for the additional hours on the day of inspection this was not in place. These hours were currently being covered by relief staff and the long term sustainability of this arrangement required ongoing review.

The staff team, for the most part had access to training and refresher training in line with the organisation's policies and procedures and the residents' assessed needs. Improvements were needed to ensure that the systems in place were identifying the training needs of the staff in an appropriate and timely manner. A number of staff required training in relation to some specific assessed needs of residents. As this was not accounted for on the training matrix there was no oversight of staff members' training in these areas.

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

The provider had submitted an application to renew the registration of the centre in line with the requirements of the regulations. All required documentation had been submitted within the required time frames.

Judgment: Compliant

### Regulation 15: Staffing

There was a staff rota in place and it was reflective of the staff on duty on the day of the inspection. The provider ensured continuity of care through the use of an established staff team and a number of regular relief staff.

It had been identified that 40 additional staffing hours a week were required to ensure that residents' needs were being met. These additional hours were required as a number of residents now received a day service from their home and changing needs of other residents. Currently relief staff were utilised to cover this. From a review of the roster it was noted that these hours could not always be covered. For example in a three month period over 160 hours had not been covered by relief staff due to varying reasons. This had meant the optimal level of having three staff available to residents was not in place. At times this impacted community access. This had also been identified in the previous inspection report.

The providers annual review also recommended that the night time staffing provision was to be reviewed.

Judgment: Not compliant

### Regulation 16: Training and staff development

For the most part, staff were supported and facilitated to access appropriate training including clinical training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. The system in place to record staff training required review to ensure appropriate oversight of training was occurring on a regular basis. For example, on the training matrix there was no record of staff completing training in relation to some residents' specific assessed needs. Although some evidence was found in relation to staff attending diabetes training by reviewing staff meeting notes. Formal recording of this training was not in place. Therefore, the inspector nor the provider could readily determine if staff had completed training in first aid and feeding eating drinking and swallowing. Due to residents assessed needs it was essential that all staff had this training completed.

Supervision of staff was found to be in line with the requirements of the providers policy. A sample of staff supervisions and other performance related records were reviewed. The content of these documents indicated there were supports in place to appropriately support and supervise staff in their delegated roles.

Judgment: Substantially compliant

### Regulation 22: Insurance

As part of the providers application to renew the registration of the centre, evidence was sent in to indicate that the centre was adequately insured against incidents and accidents.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure with clear lines of accountability and responsibilities. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was able to discuss with the inspector key issues relating pertaining to the management of the centre and specific resident needs. Recently the person in charge's supernumerary hours had been increased. This was beneficial in ensuring optimum oversight and management of the designated centre.

The provider was completing six monthly announced inspections and annual reviews in the centre. In addition, regular audits were being completed by the staff team. The actions following these reviews were leading to positive outcomes for the residents in relation to their care and support needs. For example the most recent annual review identified the need of additional staffing, some of the premises issues in place, risk management improvements and improvements around the recording of complaints. As the person in charge had only received the report a day prior to the inspection they were working on actions assigned to them. For example, on the day of inspection they were observed to review the issue with the complaint in detail and were in the process of addressing the relevant action.

Staff meetings were occurring regularly. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits, risk assessments, fire, infection prevention and control, safeguarding and training. There was evidence of sharing learning across the organisation.

Overall there were good management and oversight systems in place both at a provider and local level.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed and the document contained the information as set out in the relevant schedule of the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 policies and procedures. For the most part the majority of policies and procedures were in line with the requirements of regulations and updated within relevant time lines. One policy, entitled 'Records Management' had not been updated within the required three year time line.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. There was good evidence of person-centered planning were access to the community and meaningful activities, relationships and friendships were encouraged for all residents. Residents appeared happy and content on the day of inspection and all their needs were met in a kind, caring and professional manner. However, improvements were required in relation to aspects of the premises condition, storage facilities and access to all relevant household amenities. The lack of storage at times impacted on some fire safety measures. Improvements were also required in the documentation of residents' personal possessions.

As part of the inspection process the inspector completed a walk around of all areas of the premises. It was noted that there was a homely feel to the centre and residents individual pictures, paintings and other personal possessions were in place in all spaces of the home. However, storage was an issue within the centre. This had a direct impact on access to some fire escape routes. In addition the condition of some aspects of the premises was not in optimal condition for example there was some flaking/chipped paint, water damage to walls, and an en-suite bathroom in very poor condition. Further detail in relation to this can be found under Regulation 17.

From speaking with residents and staff, a review of a sample of residents' assessments and daily records, and observations on the day of inspection the inspector found that residents had good opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, taking part in local groups and attending courses. In addition, residents had meaningful goals documented in their personal plans. There was evidence that residents took part in all aspects of the personal planning process.

## Regulation 12: Personal possessions

The provider was in the process of updating the policy and processes in place to guide staff when supporting residents with their personal possessions. All residents within this home had a bank account in their own name. There were daily and monthly oversight systems in place to ensure residents' finances were accurately accounted for and kept safe.

Although there were inventories in place to keep account of residents' personal possessions these required review to ensure they were accurate and reflected the cost of the items that were purchased by the residents.

Judgment: Substantially compliant

## Regulation 17: Premises

The centre comprises a large detached bungalow building located off a main road near a large town in Co. Tipperary. There was ample parking at the front of the home and a nicely kept back garden with plenty of seating available for residents. Accessible ramps were in place so that residents could access the outside space with ease. As previously stated the house had been sub-divided to provide an individualised living space for a resident within the centre.

Although parts of the property were very well kept and well presented there were a number of areas of the premises that required repair, painting or renovation. For example, in a residents bedroom paint was flaking away and there was exposed flaking plaster. This was located beside a bed. A residents en-suite bathroom was in very poor condition. On entering the bathroom there was a damp malodour. The shower area was in very poor condition with water damage evident and mould present. The water damage was also visible on the other side of the wall in the hallway.

Storage within the home also required addressing. In the sitting room there was a chair weighing scales, an unused wheelchair, office equipment and an unused computer desk. The area presented as cluttered and was not in line with the homely presentation of the rest of the centre. In one resident's en suite towels and other bathroom necessities were stored on a ledge over a toilet. In the garage, residents items for personal care were stored on a concrete floor, the area was not clean and boxes had evident water damage. Overall the storage of items required review to ensure the home was well kept and presented and that the items were stored in an appropriate manner.

The resident in the annexe part of the home had limited access to all the requirements of Schedule 6 of the Regulations. This was due to the layout and size of their accommodation and also in relation to the assessed needs. For example the

resident did not have a kitchen sink with running water, or a washing machine in their apartment. Although there was access to these items in the main house the resident was refusing to access this space and also other risks needed to be considered. The long term suitability of this arrangement required review to ensure the residents skills in relation to daily living tasks could be adequately explored.

Judgment: Not compliant

### Regulation 20: Information for residents

The provider submitted a guide for residents that was in line with the requirements of the regulation.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place.

The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. For example individual risk assessments were updated following incidents such as slips, trips and falls and the control measures updated accordingly. The person in charge discussed in detail relevant risks within the centre and all the control measures discussed were accurately accounted for in the relevant risk assessments.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. The residents had a personal emergency evacuation plans and specific fire risk assessments in place which

detailed the support they may require to safely evacuate the centre.

Fire drills were occurring at regular intervals and it was evident that different scenarios were practiced.

However, due storage issues within the centre and the layout of furniture in one room one fire exit was difficult to access considering the mobility needs of the residents. In addition, one door that was utilised as access into the annexe as part of the emergency procedure, had a large basket of clothes behind it making it difficult to open the door. This was immediately removed on the day of inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by the appropriate policies and procedures in relation to the receipt, storage and return of medicines. The staff had clear systems for the collection, storage and disposal of medicines. All staff had received suitable training in the administration of medications. There was an up-to-date prescription record and clear records regarding the administration of medicines. PRN (Medication Prescribed as Needed) medication procedures were clear with maximum dosages that could be administered over a 24 hour period clearly recorded. Residents ability to administer medication was assessed on a regular basis. Overall practices in relation to medication management were robust and comprehensive.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals were reviewed on a regular basis. There was good evidence of Multi-Disciplinary input into all of residents personal plans.

Residents were supported to set goals that were meaningful to them and enabled them to participate in the community. Goals were broken down into achievable steps and each residents preference and assessed need on how a goal was achieved was taken into consideration. For example, a resident had a goal to attend a sporting event. A sporting event in the local community was chosen and resident's specific

preferences around how they attended this event were respected and facilitated.

Judgment: Compliant

### Regulation 6: Health care

The residents were being being supported to access suitable healthcare. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to health and social care professionals in line with their assessed needs. In addition there was evidence that residents were appropriately educated around their specific healthcare needs in line with their capabilities. For example, a resident was very involved in the management of their specific healthcare need. They were heard discussing results with staff and were able to explain to the inspector what aspects of their healthcare they were responsible for.

Judgment: Compliant

### Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. Staff spoken to where knowledgeable on their responsibilities in relation to this. Safeguarding was a standing topic at staff meetings and also at individual supervision sessions to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and dignity.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St. Anne's Residential Services Group P OSV-0005564

Inspection ID: MON-0032572

Date of inspection: 23/10/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The provider has continued to link with the funding authority in relation to the deficits noted in staffing complement. Business case was submitted to highlight deficits from day service provision. Meetings to highlight held October 2022, follow up meeting is scheduled for December 2023. Further meetings re Residential deficits were noted May 2022 and August 2023. A business case to convert sleepover to waking night is being developed and ongoing dialogue will be maintained in this area.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            The provider has updated the recording (training matrix) to ensure clarity on training is maintained and clearly evident. The PIC has added all training requirements to the training matrix to ensure staff are compliant with mandatory training and further training based on assessed needs in the designated centre.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The policy relating to Records Management has been updated, circulated and is now in designated centre.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The policy re personal finances has been updated and will be issued in draft for review before 31/12/2023. All inventories of personal possessions have been reviewed by the PIC. Costings have been placed next to items purchased. There will be ongoing review of the inventories and same will be discussed at next team meeting.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The provider had reviewed the premises in relation to the residents bathroom and although repairs were carried out in the area in March 2023 involving the plumber to address the leak and install a new extractor fan. Professional cleaning services were recruited to deep clean the bathroom area. There continued to be concerns on day of inspection. The provider has committed to a further deep clean of the area 11/12/2023. Reassessment of the area of damage to wall by maintenance team and make good any damage noted 06/12/2023. The provider has committed to renovating the highlighted bathroom by Q1 2024 with the consent of the supported individual residing in area. This matter has been discussed with resident on two occasions and they are happy with same. Storage of items in garage reviewed with view to immediate addressing of inappropriate storage system. To ensure ease of access, egress and fire compliance all unused and items of clutter were removed from the area. The PIC has arranged for the installation of appropriate storage for x3 individuals. These are costed and approved. In relation to the residents apartment and its functionality, in early 2024 the Multidisciplinary Team will meet to review the risks/benefits of this new environment to the individual re access to washing machine etc. The matter of having running water/kitchen sink will be reviewed by the Director of Properties, Estates and Technical Services to look at provision of same by Q1 2024. This apartment has eliminated safeguarding issues in this designated centre and will be further reviewed to enhance the lived experience of the resident.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC will ensure management of environment. This will be discussed with team at next team meeting to ensure safe access and egress from living environment is maintained at all times and with focus on safe unobstructed exits. Storage units agreed for x3 areas of this service. Old and disused objects removed from this service. Clutter to be discouraged and all items to be put safely away after use. All doorways to remain unobstructed.</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 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	31/01/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2024
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	31/01/2024

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
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	Orange	31/03/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2023

