



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

## Issued by the Chief Inspector

Name of designated centre:	Castlefield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0035030

## About the designated centre

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

Castlefield group is a community residential service providing adult residential accommodation for ten ladies and five gentlemen with intellectual disabilities across three residential locations. The houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The first location currently provides accommodation for four ladies, the second for five gentlemen and the third for six ladies. The first location is a semi-detached house on a small cul-de-sac. It comprises of five single occupancy bedrooms one of which is used as a staff office and sleepover room. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The second house has five bedrooms and two residents share a bedroom. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The third unit is a six bedroom semi-detached house in a cul-de-sac. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. All residents have their own bedrooms in this house. The staff team provides a variety of supports for residents who in some cases are of an aging profile.

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

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 2 March 2022	11:00hrs to 18:00hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, it was clear that there was considerable differences in the lived experiences of residents availing of the services of this centre when the three units within it were compared with each other. Some residents told the inspector that they were very happy with the services provided while others expressed high levels of frustration and dissatisfaction. It was clear to the inspector that there remained a significant need for improvement in the quality of care and support being provided in the centre to ensure that residents experienced good quality and safe services.

This inspection was completed as part of the regulatory plan for this centre following a number of recent inspections with poor findings. A notice of proposed decision to refuse the renewal of registration of the centre was issued to the registered provider in October 2021 following which a comprehensive representation was made to the Chief Inspector. The representation outlined a range of actions which the registered provider had planned to take to address the ongoing non-compliances with the regulations identified in the centre. The application to renew the registration of the centre was subsequently progressed with an additional restrictive condition in place which required the registered provider to come into compliance with regulation 9 residents' rights and regulation 17 premises by 31 March 2022.

At the time of the last inspection in September 2021, the registered provider was found to have breached two conditions of registration. On this follow up inspection (completed in March 2022), the inspector found that the registered provider had not taken appropriate actions to meet the requirements of the restrictive condition of registration attached during the recent renewal of registration. Following this inspection, urgent assurances were requested from the registered provider who responded by stating that they were on course to meet the requirements of the conditions of registration. The provider also stated that they were assured that residents were appropriately safeguarded while living in the centre.

The inspector met with and spent time listening to the lived experiences of 11 residents during the course of the inspection across all three units of the centre. In the first unit, residents were busy going about their mid-morning routines and one resident told the inspector that they were going to a nearby shopping centre with a friend who was their former support worker. The residents in this unit told the inspector that they felt safe and were happy with the service they were in receipt of. The needs of some of the residents in this unit had increased significantly in recent months and it was clear that the design and layout of the premises of the unit presented challenges for this group given the changes in their mobility. For example, five of the six residents in this unit were sleeping on the first floor of the unit and a plan communicated to the inspector during the course of the inspection to move one resident to the ground floor (to a staff sleep over room) was found to be inappropriate. When staff members were asked about where that resident would access shower facilities, they explained that the resident would have to access the

ensuite of another resident as there was no main bathroom on that floor.

In the second unit visited, residents told the inspector that they were unhappy living there, dissatisfied with the service they were in receipt of and one individual explained that they were not comfortable there at times as a result of alleged safeguarding incidents which were reported to have occurred. The inspector found that the size and layout of this unit was not appropriate for the number of residents it was accommodating.

In the third unit of the centre the residents told the inspector that they were happy with the service which was provided and felt safe living there. The residents were observed to be carrying out errands and chores and some others were listening to music and watching television. There was a lovely atmosphere in this unit and residents were enjoying each others company and laughing and joking about events which had occurred.

The inspector met with a number of staff members during the course of the inspection. They told the inspector that the centre was under resourced and that it was difficult at times to meet the needs of residents as a result of the staffing allocations. In one unit, the staff members met with expressed concern about the ability of staff to safeguard residents given the limited resources available. It was clear to the inspector that the staff members met with had recognised that their roles included acting as advocates for residents and providing a supportive environment. The staff members acted in a very respectful manner when interacting with residents and spoke about their needs in a sensitive and considerate manner. It was clear to the inspector that the staff team knew the needs of the residents very well including their communication methods.

There was evidence available to demonstrate that in two of the three units of the centre residents' rights were respected and promoted. However, in one unit the inspector found that some residents were not supported to exercise their rights, there was limited meaningful consultation with this group, and they were not provided with private or dignified living arrangements. For example, two residents who did not wish to share a bedroom were required to do so despite concerns about this having been made as early as June 2018. In the time since, these two residents were required to continue sharing the bedroom even though there had been alleged reoccurring safeguarding incidents between them. While there were plans in place for one resident to move to a new designated centre which was in the process of being established by the registered provider, there had been delays with this project and poor communication was maintained with the resident which was the cause of significant distress. This transfer to the new centre was due to be completed by 31 March 2022, however, the resident had not been met with formally by the registered provider for an update on the project since October 2021. At the time of the inspection they explained that "all trust had been eroded" and they did not know who they would be living with or when in reality the move might take place which was all "incredibly stressful" for them.

Overall, the inspector found continued high levels of non-compliance with the regulations during the course of this inspection. While there was good standards of

care provided to some residents, others did not enjoy these standards of care and support. In some cases residents told the inspector that they did not feel safe in the centre due to reoccurring safeguarding incidents. There had been an overall absence of appropriate governance and oversight of the centre on the part of the registered provider including the lack of follow up to the concerns raised across the previous inspections of the centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that there remained a significant and considerable need for the improvement of the centre's governance and management arrangements. Many of the actions outlined in the provider's representation made to the chief inspector (dated 29 October 2021) were found not to have been followed through on or implemented. Similarly, the assurances provided through the compliance plan response submitted by the provider following the last inspection of the centre in September 2021 contained many actions which had not been implemented locally in the centre.

The registered provider had not taken the required actions in a timely manner to ensure that they came into compliance with the regulations by 31 March 2022 as required by their conditions of registration. As a result, the inspector found that the provider was on course to breach this condition which would be the third breach of conditions of registration in this centre in a six month period. Compounding this, the inspector found that there was limited awareness of the requirements of the conditions of registration amongst the local management team.

The inspector found that while there had been some minor improvements in the management systems employed in the centre, that overall, there remained a clear need for further improvement and development of these systems. There was poor oversight of the care and support provided in the centre and there was clear evidence to demonstrate that the registered provider was unable to self-identify areas that required urgent improvement or areas that were not in compliance with the requirements of the regulations. For example, a six monthly unannounced visit to the centre was completed in December 2021 which identified only two areas that required follow up actions to be completed. Both actions listed on the action plan did not relate to any of the non-compliances identified by the inspector in the course of the inspection.

While the registered provider had established a local governance oversight committee in response to the findings of the September 2021 inspection, the inspector found that the registered provider lacked the capacity to bring about the required changes in this centre. There were clearly defined management structures

in place, however, these structures were ineffective in ensuring that there was appropriate oversight of the care and support being delivered in the centre. While the inspector was confident in the abilities of the person in charge, there was evidence to demonstrate that some of the persons participating in the management of the centre were unaware of the responsibilities of the registered provider as outlined in the regulations.

The inspector found that the centre was not appropriately resourced to meet the needs of the residents availing of its services. There were insufficient numbers of staff members employed in one unit of the centre to meet the number and needs of the residents living there. The inspector found that there was a considerable reliance on relief and agency staff members to supplement the core staff team. In one unit of the centre, the inspector found that in a one month period sampled 45 per cent of all staff hours worked were by relief or agency staff. In the same unit the inspector found that 28 different relief and agency staff had worked there over an eight week period. The inspector found that there was poor continuity of care and support for residents. Both residents and staff members expressed concerns about continuity of care and support to the inspector during the course of the inspection.

### Regulation 15: Staffing

The number of staff employed in the centre was found to be insufficient to meet the needs of the residents availing of its services. While the skill mix of the staff team was found to be appropriate, there was a considerable reliance on relief staff to support the core staff team. This, the inspector found, demonstrated that care and support was not continuous and was found to be a cause of anxiety for the resident group and members of the staff team. A review of staff duty rosters found that in some cases staff names were not recorded for shifts which had been completed and in other cases only the first name of staff members had been recorded. A review of staff files found that all requirements of Schedule 2 of the regulations were available for the sample reviewed.

Judgment: Not compliant

### Regulation 23: Governance and management

There was an absence of effective management systems in the centre along with an absence of effective leadership. As a result, there was limited oversight of the care and support being delivered to residents and there were ongoing high levels of non-compliance with the regulations. The provider was on course to breach a condition of registration for the centre. There was evidence to demonstrate that many of the actions outlined by the provider in both the most recent compliance plan response and in the representation had not been implemented in the centre. The provider

demonstrated an inability to self-identify many of the concerns and non-compliances identified by the inspector during the course of the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The inspector found that there was a complaints policy in place in the centre along with easy read complaints procedures on display. The system in use to manage complaints was found, however, to be ineffective and did not allow for the appropriate oversight of complaints made or capture how they were managed. For example, there was little evidence available to demonstrate how complaints which had been made were investigated and there was no evidence available to demonstrate what, if any, improvement measures had resulted from the complaints which had been made.

Judgment: Not compliant

### Quality and safety

Overall, the inspector found that while some resident living in this centre were enjoying a good quality of life, others were experiencing poor outcomes as a result of the services provided. There was considerable differences in the day-to-day experiences of the residents due to their living arrangements, the supports which they received, and the lack of action on the part of the registered provider to address ongoing concerns which they had raised. There was clear evidence to demonstrate that the personal rights of some residents were not upheld by the registered provider.

The inspector found that there was clear evidence to demonstrate that some residents were not actively involved in decisions about their care and support. The registered provider was not authentically engaging with these residents to ensure that they were well informed and supported or had a valued role in the shaping of the plans which were being developed. This group of residents were not in receipt of good care experiences overall which had negative impacts on their emotional wellbeing.

A review of incidents of a safeguarding nature which were alleged to have occurred in the centre found that safeguarding plan which had been put in place were not effective in ensuring that some residents were appropriately protected from experiencing abuse. The inspector found that some alleged incidents were reoccurring and having a negative impact on the individuals involved. These alleged

incidents were preventable in nature and their reoccurring nature was not appropriately identified or managed by the registered provider.

In some cases the care and support provided was not person-centred in nature and some residents were not participating in or consenting to decisions taken about their care and support. There were numerous restrictions on the ability of some residents to exercise choice and control over their daily lives which resulted in negative impacts on their overall wellbeing and emotional state. For example, residents did not have control over who they shared their accommodation and bedroom with. In some parts of the centre, the registered provider had not ensured that the privacy and dignity of residents was respected in relation to their living environment, personal care and relationships.

### Regulation 17: Premises

The centre was clean and homely throughout, however, the design and layout of the premises of two units of the centre was found not to meet the number and needs of residents who were availing of its services. There was a lack of private accommodation to meet the number of residents living in one unit and as a result some residents were required to continue sharing a bedroom against their stated wishes and preferences. In another case, a resident was using a bedroom which did not meet their needs due to its very limited floor space and the registered provider had taken no action to review this arrangement. The evolving needs of some residents in another unit had resulted in decreased mobility had not been appropriately considered. In this unit, the ensuite bathroom showers in two resident bedrooms were not in use as they were no longer accessible for the residents.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector found that the resident who was planning on moving to another designated centre had not received appropriate information or supports. The planned move was not managed in a person centred manner and the significant and excessive delays which they experienced were the cause of anxiety and distress. A transition plan which was in place for the resident did not contain meaningful information including the planned date of the move, an up-to-date assessment of need, compatibility assessments, what staffing supports would be in place, or what items they needed to purchase to furnish their new room for example.

Judgment: Not compliant

## Regulation 27: Protection against infection

The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. The centre was clean throughout and there were local infection prevention and control policies and guidance documents in place which were accessible to the staff team.

Judgment: Compliant

## Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for residents which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that the registered provider had failed to protect some residents from experiencing incidents of a safeguarding nature. Safeguarding plans which were in place were ineffective and did not prevent the reoccurrence of these allegations of psychological abuse. Appropriate safeguards were not put in place in these cases by the registered provider. One resident was required to share a bedroom with another resident following these alleged incidents occurring despite compatibility concerns existing between the two individuals.

Judgment: Not compliant

## Regulation 9: Residents' rights

There was clear evidence available to demonstrate that some residents were not

supported to exercise their rights, were not included in the decision making processes about their care and support, and were not supported to exercise choice and control over their daily lives. Some residents were not treated with dignity or respect as a result of the lack of action on the part of the registered provider to bring about the required changes despite considerable efforts on the part of residents, staff members and advocates to raise concerns about the lived experiences of the individuals affected.

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 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Castlefield Group - Community Residential Service OSV-0005237

Inspection ID: MON-0035030

Date of inspection: 02/03/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure there are planned and actual staff rosters with named staff rostered on duty during the day and night and that it is correctly maintained.</p> <p>The Provider acknowledges the changing needs of residents within the centre. Two extra WTE HCA posts have been approved to support the centre in line with identified changing needs of residents.</p> <p>The Service Manager is working with the HR Department to fill these posts at the earliest opportunity.</p> <p>In the interim the PIC &amp; PPIM will make every effort to fill vacant shifts with regular relief or agency staff to ensure continuity of care for the residents.</p> <p>The PIC will update the SOP to reflect new staffing levels.</p> <p>Staffing will continue to be reviewed in line with changing needs within the centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new Service Manager has been appointed to the service area.</p> <p>The Governance and Oversight group continue to meet four weekly to address and oversee implementation of a plan to address areas of non compliance and ensure delivery of person centered supports to a high standard</p> <p>Management systems have been reviewed within the centre to include implementation of</p>	

a structured approach to review of Provider Reports, Annual Reports and HIQA inspection Reports. In addition there will be a formal monthly meeting with the PIC and PPIM to review quality of care in the centre there is ongoing support available from the PPIM and Service Manager.

An unannounced visit on behalf of the provider has been undertaken since the last inspection and a report on the safety and quality of care in the centre will be completed.

The registered provider has supported the resident to transfer to their new home in line with previous compliance plan and condition of registration.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The Provider acknowledges the resident's complaint and is committed to addressing and resolving the issue.

The Director of Quality, Risk & Safety has met with the resident and has investigated their complaint and provided a report with recommendations.

The PIC will action the recommendations from the report.

The Occupational Therapist has met with the resident and assessed their bedroom on the 07/04/2022 – report and recommendations to follow .

The Director of Property and Estates will carry out an assessment by 22/04/2022 to determine the feasibility of increasing the square footage in the identified bedroom.

Further to receipt of reports the Provider will ensure a plan will be developed.

The PIC consults with the PPIM in relation to all complaints which will also be discussed with the Service Manager and will be dealt with in line with the organisations complaints policy.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

One resident has moved to their new home so there is no longer a requirement for individuals to share a bedroom.

There has been reduction in capacity in one house from five residents to four which has increased communal recreational space.

The Provider acknowledges the identified issues with the premises and will explore all possibilities to address same.

The Director of Property and Estates carried out an assessment to determine if square footage could be increased in identified bedroom. This assessment indicated that minimal increase in square footage could be obtained if a wall was moved in another bedroom however the resident has declined to transfer to said bedroom. This work would also impact on the bedroom size of another resident therefore the Provider has decided not to proceed with this work.

The Occupational Therapist met with the resident and assessed their bedroom on the

07/04/2022 and has completed a report on the identified room, The PIC will act on recommendations from this report which includes possible storage solutions. The Provider will consult with an interior designer who may provide additional recommendations for the identified bedroom. The Director of Quality, Risk & Safety met with the resident on 23-3-22 and the resident stated they did not wish to transfer to another house. The resident has chosen not to relocate to a vacant bedroom in the house however has stated they would like to be considered for another bedroom within the house if a vacancy within the house came up in the future. .

An assessment was also undertaken in house no.2 to review the current bathroom facilities. The Provider has committed to undertake a project that will provide an assisted WC and wet room to the ground floor of house no. 2 Please see below for details on specific time frames for the completion of works.

Item Details	Completion Date	Action By	Start Date
1 Prepare Sketch Design Proposed Layout Plan PETS (Dept)	22/4/22		6/5/22
2 Design Development & Approval	O.T. Provider , PETS		20/5/22
3 Preparation of Tender Package (Drawings & Specifications)	PETS		3/6/22
4 Tender Stage	Market		5/7/22
5 Place Contract & Lead in Time to commencement	Provider & Contractor		19/7/22
6 Projected Construction Phase Note1	Contractor		30/8/22
7 Practical Completion (allow 1 Month contingency)			30/9/22

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:  
The residents transition plan and support plan was updated and they moved to their new home on 01/04/2022.

The PIC will ensure that all transition plans going forward will include relevant information and be complete in line with the individual's wishes and preferences.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The safeguarding concerns identified at this inspection no longer exist as the two residents no longer share the same home.

All safeguarding concerns are reported and managed in line with the organisations safeguarding policy

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The provider has supported one resident to transfer to their new home in line with their wishes and preferences.

The PIC has met with the organisations Human Rights officer. The Human Rights Officer visited one of the houses in the designated centre on 7th April and completed a rights assessment with one individual; staff will complete rights assessments with the remaining residents in this house. A rights awareness information session will be provided for residents to ensure their rights are supported and they have the freedom to exercise choice and control in their daily life

Human Rights and Advocacy are discussed at monthly house meetings and accessible information is available to all residents.

All residents are supported to access independent advocacy services and the human rights officer in line with their wishes and preference.

The Provider acknowledges the identified issues with the premises and will explore all possibilities to address same.

The Occupational Therapist has met with the resident and assessed their bedroom on 07/04/2022 – report and recommendations to follow.

The Director of Property and Estates will carry out an assessment by 22/04/2022 to determine the feasibility of increasing the square footage in the identified bedroom and also review bathroom facilities in house no. 2 with a view to maximise accessibility to meet the residents identified needs.

Further to receipt of reports the Provider will ensure a plan will be developed to address the issues.

## 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 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	Red	28/03/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Red	28/03/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	18/04/2022

	showing staff on duty during the day and night and that it is properly maintained.			
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	Red	31/03/2022
Regulation 17(6)	The registered provider shall 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.	Not Compliant	Orange	06/06/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Red	04/04/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Red	28/03/2022

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Red	28/03/2022
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 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.	Not Compliant	Red	04/04/2022
Regulation 25(3)(a)	The person in charge shall ensure that	Not Compliant	Red	21/03/2022

	residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	04/04/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Red	04/04/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Red	04/04/2022
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to	Not Compliant	Red	04/04/2022

	residents to ensure that: all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: the person nominated under paragraph (2)(a) maintains the records specified under paragraph (2)(f).	Not Compliant	Red	04/04/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	31/03/2022
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Red	31/03/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Not Compliant	Red	21/03/2022

	disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Red	31/03/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Red	31/03/2022