



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

Issued by the Chief Inspector

Name of designated centre:	OCS-OHANA
Name of provider:	Avista CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0008502
Fieldwork ID:	MON-0045227

About the designated centre

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

This centre provides residential services for up to three children and young people with an intellectual disability, aged eight to 20 years and six months. Care and support is provided by a health and social care team, with clinical supports from the provider's children's disability network team, and the child and adolescent mental health service if required. Where the young person is over 18 years of age they will receive support from adult services multi-disciplinary team. The centre is located in a rural setting and is within close proximity to a number of towns. The centre comprises a two bedroom bungalow and adjoining one bedroom apartment, and there are large front and rear gardens with play equipment provided. The centre has it's own transport, and residents are supported to access local community amenities, as well as schools and day services. The centre is managed person in charge, and there are social care workers and health care assistants employed in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
------------------------------------------------	---

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 22 October 2024	10:15hrs to 18:15hrs	Erin Clarke	Lead
Tuesday 22 October 2024	10:15hrs to 18:15hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection focused on four key regulations: Governance and management, Admissions and contracts for service, protection, and residents' rights. Each of these areas was found to be non-compliant, with significant evidence of heightened risks, incidents, and limitations in the centre's capacity to address the collective and diverse needs of residents effectively.

Three residents currently live in the centre. Two are school-aged, while the adult participates in day services. On arrival to the centre, all three residents were away at their relevant education and vocational programme. The inspectors aimed to assess the ongoing transition of an adult to adult residential service and compatibility among the residents. It was found that the three residents had mixed experiences regarding their daily lives within the centre, with some expressing comfort and familiarity while others displayed behaviours indicative of distress or discomfort, particularly in interactions with certain peers. Two residents shared the one living space while a third resident had a separate apartment adjoined to the centre. Observations revealed that while staff and management were dedicated and familiar with individual needs, there were significant challenges in maintaining a safe and supportive environment due to the diverse needs of all residents.

The staff team displayed a high level of commitment and regularly engaged in planning activities tailored to individual needs, including sensory support and behavioural interventions. However, clear resource constraints, such as limited transportation options, restricted residents' access to community outings. Staff feedback highlighted a need for additional resources, particularly regarding transport. However, staff were complimentary of the managerial support as well as the support in managing complex behaviours, which they felt was beneficial to residents.

Inspectors observed residents throughout various parts of the home during the day, noting that they had a range of communication support needs. These needs were expressed through speech, vocalisations, gestures, facial expressions, and body language. Residents did not tell inspectors what it was like to live in the centre, so inspectors used observations, discussions with staff and a review of documentation to capture their lived experience. An inspector observed one resident spending time outdoors before going for a drive to a local park with two staff. They spent some time playing with the leaves and then got on the bus once they were ready to go. Another resident was observed relaxing in the sitting room with staff. They were planning to go out for the evening with staff. Another resident was in their bedroom playing on their computer and briefly greeted the inspector. Later in the day a staff member brought the resident their dinner to them in their room.

Inspectors spoke with seven staff members to gather their perspectives on residents' experiences within the centre, focusing on those sharing the same living space. The feedback emphasised issues related to compatibility and the challenges

of a mixed-service environment. Staff described that some residents did not interact and that caution was always maintained to prevent them from spending time together, necessitating physical separation due to their incompatible behaviours. They also noted that one resident often stayed in their room and avoided communal areas, preferring to be alone. Historical preferences of the resident indicated that they preferred to avoid sharing their space with others, sought to eat by themselves and enjoyed spending time alone. However, staff members mentioned that this resident was restricted from using the sitting room and would have spent more time in shared spaces if not for these limitations. Another staff member commented on the lack of freedom of movement for one resident. Staff consistently reported that this resident retreated to their room when not alone in their home, indicating a lack of comfort in shared spaces. This avoidance of communal areas resulted in a limited social environment for the resident, who did not want leave their room in the presence of others living in their house.

Daily records from January and February 2024 further demonstrated the negative impact on the resident's experience. For instance, staff noted that the resident only ventured out of their room when the house was quiet and when informed they would be alone. However, the resident became distressed when encountering another resident in shared spaces, such as the hallway at dinner time, and subsequently chose to eat in their room. On one occasion, the resident attempted to take a bath but stayed in their room when the other resident became vocal, declining to come out afterward. These records highlight the resident's consistent discomfort and avoidance of communal areas.

Inspectors were also informed that a visual cue was being considered outside one resident's bedroom to indicate whether another resident was in the house or away from the centre. While this approach aims to reduce a resident's anxiety by providing reassurance regarding a resident's presence, it also highlights the incompatibility issues within the centre. This measure, intended as a workaround rather than a permanent solution, demonstrates the psychological impact for one resident, being unable to freely move through their home without verifying the location of another resident. Staff feedback indicated that the absence of a comprehensive compatibility assessment on admission had contributed to ongoing challenges in managing resident interactions and ensuring safety.

In the afternoon, inspectors observed that the environment in the main house was excessively noisy, with repeated instances of fire doors slamming loudly. This heightened noise level detracted from the overall living conditions, compromising the centre's ability to maintain a calm and supportive environment suited to the needs of residents who are sensitive to loud sounds and may struggle to tolerate such disturbances. For example, one resident had a wellbeing and stress reduction plan devised for their admission to the centre. It highlighted that reducing the sensory stimuli in the environment was important for the resident. Similar recommendations from occupational and speech and language therapists in April 2023 stated that the resident required a low-arousal approach to reduce stress, anxiety, and frustration. However, due to the noise levels observed during the inspection, it was not evident that a low arousal approach could be implemented

within the centre.

In conclusion, the inspection revealed significant non-compliance with essential regulations governing the safety, rights, and well-being of residents at the centre.

Capacity and capability

In assessing the provider's capacity and capability, inspectors identified that systems designed to monitor the quality and safety of care and support were not fully effective. While the provider had responded to the centre's safety challenges by increasing staff ratios, enhancing the skill mix, and redeploying key management personnel, inspectors identified critical gaps across various service delivery areas. These deficiencies posed significant risks to the centre's effective operation, impacting the provider's efforts to create a safe and supportive environment.

This risk-based inspection primarily aimed to evaluate the progress of the transition plan submitted to the Chief Inspector on 14 April 2024 as part of the application to vary conditions of registration. The transition plan included a monthly timeline for the adult resident to move from the centre to a new residence by 31 October 2025. Due to the unique circumstances of a young adult residing with children, inspectors assessed the suitability and effectiveness of these living arrangements to ensure the centre continued to provide a safe and supportive environment for all residents.

Initially registered in June 2023 as a children's residential service for three children, the provider was responsible for transitioning the adult resident to an adult service before their 19th birthday. However, due to delays, the provider applied in April 2024 to extend the registration condition to allow residency until age 20 and six months. This application was granted based on a clear transition plan and positive findings from a January 2024 inspection. Consequently, the centre's service type changed from a children's service to a mixed service, catering to both children and adults. The application was approved with the understanding that the transition plan would be followed, ensuring the adult resident would relocate by the specified date.

A significant number of staff absences had occurred, with seven out of eleven staff members requiring occupational health leave due to injuries received in the workplace, severely impacting service delivery. On the day of the inspection, five staff members had not returned to work. Eleven incidents necessitated notification to the Health and Safety Authority (HSA), illustrating the gravity of the challenges within the centre.

The interventions implemented, which aimed to address immediate safety concerns, were a response to issues that emerged following admissions without up-to-date assessments or a clear rationale for decision-making. This reactive approach highlighted the absence of a structured framework to ensure the wellbeing of all residents from the admission stage, underlining the need for more robust pre-admission assessments and planning system as explained under Regulation 24:

Regulation 23: Governance and management

The inspection's overall findings on the centre's capacity and capability revealed significant weaknesses in governance and oversight, impacting the safe and effective delivery of services. Deficiencies were identified in areas such as admissions management, safeguarding, quality assurance, and policy adherence, indicating non-adherence to structured processes. Admission procedures did not ensure fair, timely, or needs-based placements and compatibility assessments were not consistently applied, compromising resident safety. Additionally, the absence of robust quality assurance processes meant that risks and issues, including safeguarding concerns, were not adequately monitored or addressed. For example, a checklist intended to monitor the progress of admissions, including key steps such as completion of compatibility assessments and three-month post-admission reviews, was not maintained. Documentation reviewed during the inspection indicated that post-admission reviews were not conducted in accordance with policy.

The provider had responded to the issues in the centre by redeploying a clinical nurse manager (CNM2) with speciality in disability and autism, an advanced nurse practitioner (ANP) in paediatric disability and autism ANP during the course of the inspection. Inspectors received a copy of a quality improvement plan of actions taken to address serious medicine errors, stabilisation of staff team and clinical oversight since their commencement.

Staff reported restrictions in accessing transport as discussed with the inspectors and recorded in the six-month announced audit, with only one bus available on-site. Due to identified risks, residents could not travel together on this bus, and the availability of a second vehicle was limited to some evenings and weekends when it was being used by another service operated by the provider. Taxis were funded by the provider when required.

The inspectors requested the provider's six-month unannounced audits of the centre. The purpose of these audits is to ensure that designated centres consistently deliver safe, high-quality, and person-centred care that meets national standards. The first audit of the centre took place on April 11, 2024. Although another audit was due by October 11, 2024, this had not been conducted by the time of the inspection. The regulations reviewed in the audit included those assessed during this inspection.

Five staff members were interviewed as part of the audit process; however, the summary of staff feedback was limited to three lines in the report and did not reflect the feedback gathered by inspectors. Similarly, the summary of residents' views did not acutely capture the lived experience in the centre, failing to capture significant concerns identified by inspectors, except for transportation limitations raised by staff. Although an action plan was developed, transport issues were not addressed

in the compliance plan.

The audit questions related to admissions only focused on contracts of care and the availability of policy documentation. The audit did not test the admissions process or review it against the centre's documented procedures. In addition, findings under Regulation 8: Protection did not address whether peer-to-peer abuse was appropriately reported and screened, nor if safeguarding plans were in place. The documentation and evidence used to guide these responses were unclear, and the audit tool lacked the flexibility to explore key service areas adequately. These audits are crucial for governance and oversight, allowing providers to systematically review care quality, identify areas for improvement, and ensure compliance with regulations. However, this process was ineffective in accurately capturing residents' lived experiences and service delivery realities.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Significant deficiencies were identified in terms of the admission procedures to the centre. Two residents' individual preference and needs assessments appeared to have been completed three and four years prior to their transition to the centre. These assessments were incomplete, lacked a date, and did not include an action plan. Furthermore, admissions to the centre did not adequately consider the assessed needs and safety of existing residents. A formal compatibility assessment was not conducted to evaluate potential safeguarding risks, resulting in one resident being confined to their bedroom and limited access to communal areas due to compatibility issues with another resident.

Inspectors were not assured that admissions to the centre were aligned with fair, equitable, and transparent criteria or evaluated as part of a structured quality improvement process. The centre's statement of purpose (SOP), dated 01 February 2023, submitted for registration the centre, indicated the centre's primary function was to provide residential services for children between the ages of eight and 18, with the flexibility to retain residents in formal education until their 19th birthday. To facilitate smooth transitions to adult services, admissions were capped at 17 years and 11 months; however, one admission was delayed by six months past this age limit. This delay prevented a timely transition, resulting in the need to apply for a condition variation to accommodate an adult resident beyond the intended age range.

The inspectors reviewed the provider's Schedule 5 policy on admissions, discharge, and transfers, dated 19 June 2023, to establish the foundational procedures for admissions processes. The purpose of a Schedule 5 policy under the regulations is to ensure each centre has a structured approach to meeting residents' diverse needs by establishing standardised procedures.

However, inspectors found deficiencies within this policy. Key pre-admission steps, such as conducting up-to-date, comprehensive assessments of residents' health, personal, and social care needs by qualified professionals, were either inadequately defined or missing. For example, the policy did not mandate the completion of a current Individual Preferences and Needs Assessment (IPNA) before admission. Two residents were admitted based on assessments conducted three and four years prior, which did not reflect their evolving needs.

The admissions policy stipulated that the person in charge and a designated key person would coordinate assessments and transition plans with families and multidisciplinary teams (MDTs) to ensure residents receive appropriate support. Yet, the completion of these assessments were not integrated into the decision-making criteria used to evaluate a potential resident's suitability for the centre, bypassing a critical pre-admission phase. This procedural gap led to admissions without thorough compatibility assessments, impacting both new and existing residents.

Inspectors observed that the centre did not maintain an admissions checklist, which could have helped to document admissions progression and ensured completion of all necessary assessments, including compatibility evaluations. Consequently, opportunities to review placement suitability, potential compatibility issues, and their effects on other residents were missed.

Judgment: Not compliant

Quality and safety

The inspection revealed significant compatibility issues between the child and adult resident sharing the same living space. The differing assessed needs of these residents created considerable challenges, impacting the centre's ability to provide a safe and supportive environment as intended. These compatibility issues impeded the overall quality and safety within the centre, with the child resident experiencing limitations in accessing shared areas comfortably.

The inspection identified several significant safeguarding issues stemming from inadequate pre-admission assessments, an absence of compatibility reviews, and a lack of structured risk assessments for new admissions. These gaps in assessment processes meant that potential conflicts and risks among residents went unaddressed, increasing the likelihood of distress and harm. Importantly, specific safeguarding concerns, such as documented instances of resident distress toward peers and avoidance behaviour, were neither formally identified nor addressed with the necessary safeguarding plans. Due to this oversight, appropriate safeguarding strategies were not implemented, and required statutory notifications to external authorities were not completed.

Minutes of transition and admissions discussions were missing for key periods, meaning that critical information relevant to resident compatibility and potential

risks was unavailable for review. Without this documentation, inspectors could not verify that decisions were made with full consideration of residents' needs and safety.

Regulation 8: Protection

The inspection revealed significant gaps related to the protection of residents, as essential risk assessments and compatibility reviews were not conducted effectively for new admissions. Inspectors requested minutes from the ADT (Admissions, Discharge, and Transfer) committee meetings to review admission decisions for 2023 and 2024 placements. However, only meeting minutes from December 2021 were provided. These records highlighted pertinent issues that were not factored into the pre-admission assessments for the recent placements. One example involved a resident identified as unable to tolerate "unpredictable individuals." Despite this noted need for compatibility, no corresponding risk assessment was implemented before the resident's admission.

The ADT minutes indicated additional concerns regarding a safeguarding issue involving two residents who had previously shared respite accommodations. The committee had recommended careful consideration and a trial period before a final decision; however, the evidence of these recommendations was not captured as part of the admission process. Additionally, the committee discussed raising the admissions age limit from 16 to 17 years and 11 months to the centre, which had been implemented into the centre's statement of purpose. This decision did not acknowledge the potential risks to subsequent transitions to adult services or the risk of children and adults being accommodated together. The centre's child safeguarding statement did not address the risks associated with a child and an adult sharing living accommodations, and the risk register had not been updated to reflect these potential dangers.

Furthermore, the policy for formal placement review, mandated within three months of admission to evaluate resident adjustment and any distress related to the transition, as per the provider's policy, was not upheld. Inspection records indicated that one resident exhibited documented signs of distress toward a peer within a month of admission, which should have triggered a review, but this did not occur.

A review of the minutes from four staff meetings in 2024 revealed that safeguarding and protection were not consistently addressed. In three out of four meetings, these critical topics were omitted entirely. When discussed, the minutes only briefly noted that staff knew the safeguarding and protection policies and where to find them. Additionally, handover logs between August and the inspection day showed no documentation of safeguarding-related discussions. Although a tick list indicated the presence of open safeguarding plans on two occasions, inspectors were informed that no such plans existed at the centre. Safety pause meetings from August and September 2024 similarly lacked any references to safeguarding and protection.

The compatibility assessment tool, designed to safeguard residents by addressing

negative interactions, was not implemented. This tool aimed to assess whether a resident's rights are compromised by the restrictive measures needed for others. Specific aspects of the assessment, such as questions regarding the resident's safety, enjoyment of their living environment, shared engagement in activities, and harmonious movement within the space, were not assessed for residents. Multi-disciplinary meetings occurred regularly pre and post admission for each resident to determine progress of the admission. However minutes reviewed did not refer to compatibility of residents. The absence of a completed compatibility assessment resulted in missed opportunities to identify potential conflicts and ensure the safety, comfort, and well-being of all residents in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Based on the inspection findings, this regulation was found to be non-compliant due to multiple observed deficiencies in promoting a rights-based approach to care.

The centre lacked a clear compatibility assessment process to evaluate potential risks or challenges associated with new residents joining the existing group. Evidence highlighted that residents' rights to a safe and supportive living environment were compromised when admissions occurred without adequate pre-admission checks. Specific instances noted by inspectors included one resident who had a history of difficulties with peers exhibiting unpredictable behaviours. Despite these documented challenges, a trial period or formalised risk assessment was not completed, leading to increased safeguarding concerns and a breach of the resident's right to a stable and secure living environment.

Residents' rights were compromised due to the limitations in space and resources. Some residents expressed a reluctance to engage in communal spaces or avoid certain areas when other residents are present, indicating a lack of freedom and choice and hindered their autonomy. Inspectors found that distress of a safeguarding nature was not actioned through a safeguarding process, failing to uphold residents' right to emotional and safeguarding well-being.

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
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for OCS-OHANA OSV-0008502

Inspection ID: MON-0045227

Date of inspection: 22/10/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider is committed to and has implemented enhanced governance arrangements in centre.</p> <p>The Service Manager has visited the Centre and met with staff members. The Service Manager will meet the PIC and residents monthly for the next 6 months.</p> <p>The CNM 3 will remain redeployed to the centre and assigned PIC pending filling the PIC/Manager vacancy.</p> <p>The Provider is committed to ensuring that Provider six monthly unannounced audits are undertaken in line with timelines outlined in the regulation.</p> <p>A Provider visit and robust audit has been undertaken since the inspection with clear actions and timelines assigned to addressing actions required.</p> <p>The Provider will review the admissions to include review of the ADT policy.</p> <p>The Provider will ensure that a robust transition plan will be complete for any new admissions to the centre and will ensure MDT meeting records pre and post admission reflect discussion on compatibility and individuals' will and preference.</p> <p>The Provider will ensure a three-monthly review of all new admissions is undertaken.</p> <p>The Provider will continue to consider and utilise other transport options including the rostering of staff and use of taxis to ensure individuals' access to their community is in line with their will and preference.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
 The Provider will review the admissions process to include review of the relevant section of the ADT policy.
 The Provider will ensure a pre-admission assessment will be complete for each person pre-admission to the centre.
 The Provider will ensure MDT meeting records pre and post admission reflect discussion on compatibility and individuals will and preference. The child's family member(s) will be an integral part of this process.
 The Provider will ensure that a robust transition Plan will be complete for all new admissions to the centre.
 The Provider will ensure Multidisciplinary three-monthly review of all new admissions is undertaken.
 An MDT meeting has been facilitated since the inspection which included a review of one resident's presentation since admission.

Regulation 8: Protection	Not Compliant
--------------------------	---------------

Outline how you are going to come into compliance with Regulation 8: Protection:
 A risk assessment is complete in relation to all identified risks for each person living in the centre.
 A compatibility assessment has been completed with Multidisciplinary input for both residents.
 The centre's Child Safeguarding statement has been updated to reflect current living arrangements in the centre whereby a child shares living accommodation with a young adult. An individual risk assessment has also been completed for the relevant person.
 The Provider is committed to and continues to work towards the young adult moving to adult services in line with the previous compliance plan, January 2024.
 The Provider initially engaged with the HSE in August 2024 and subsequently met with the HSE on the 09/12/2024 to expediate the process and support this person to move to adult services.
 External Residential Service Providers have commenced assessments.
 The Provider also has an interim plan to support an internal transfer for the young adult to temporary accommodation within Avista Service by 28/02/2025 pending the completion of required renovations to the new home identified, to be available by October 2025.
 Additional safeguarding awareness training will be provided to staff by Principal Social Worker and Social Work Team Leader on the 10th of Jan 2025.

The PIC will ensure safeguarding is a standing agenda item on staff meetings and residents' meetings in the house.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider will review the admissions process as outlined in Regulation 24 Compliance plan above.

A compatibility assessment has been completed for both residents that share a living environment.

Residents will continue to be supported in line with their expressed will and preference.

The PIC met the Human Rights Officer in November and the Human Rights officer will review and update existing individual rights assessments by 22.12.24.

A Human Rights workshop for the staff team will be facilitated by Avista Human Rights' Officer.

New template introduced for in-house residents' rights meetings since inspection to reflect the will and preference of non-speaking individuals as well as those who express through spoken word and AAC.

The PIC and Human Rights Officer have met, and reviews of individual Human rights assessment will be completed by the 22/12/24. The Human Rights Officer visited Ohana on 05.12.24.

Compatibility Assessments have been completed for the 2 residents in the house.

A Risk Assessment has been completed for each resident in relation to free movement within all areas of their home in line with their will and preference. Each resident has 1:1 staff support to ensure their free movement and access to all areas within their home is in line with their will and preference.

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2024
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	Orange	15/12/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Not Compliant	Orange	25/10/2024

	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.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	01/02/2025
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	15/12/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/02/2025
Regulation 08(3)	The person in charge shall initiate and put in	Not Compliant	Orange	31/12/2024

	place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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	Orange	22/12/2024