



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

Issued by the Chief Inspector

Name of designated centre:	Ballard House
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	26 September 2024 and 27 September 2024
Centre ID:	OSV-0002667
Fieldwork ID:	MON-0044712

About the designated centre

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

Ballard House is a designated centre operated by RehabCare. It provides a community residential service to up to four adults with a disability. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. The designated centre is located in a busy town in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

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
Thursday 26 September 2024	12:30hrs to 18:00hrs	Ivan Cormican	Lead
Friday 27 September 2024	09:00hrs to 12:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced safeguarding thematic inspection which was conducted following the receipt of unsolicited information and also following the submission of a notification to the Chief Inspector following the serious safeguarding allegation. The inspection was conducted over two days and facilitated by the centre's person in charge.

The findings of this inspection highlighted significant concerns in relation to the safeguarding and safety of residents. The actions from the previous inspection of this centre had not brought about sufficient change in regards to the provision of safeguarding and the provider failed to demonstrate over the course of this inspection that residents were safeguarded from harm at all times. Furthermore, the provider had received allegations of concern which had the potential to impact on the provision of care for all residents; however, a review of care had not occurred to ensure that the safety and well being of residents was not negatively impacted by these allegations. In addition, issues were also found in regards to the staffing arrangements, with an immediate action issued to the provider as a member of staff did not have a vetting disclosure in place. Overall, the inspector found that the issues pertaining to safeguarding and safety were a clear indication that the oversight of care, including the governance and management arrangements, required considerable improvements to ensure that all aspects of care, were held to a good standard at all times.

On the first day of inspection the inspector met with three staff members, two of whom were in full time members of staff and one who was re-deployed to the centre to cover a gap in the rota at short notice. On the second day of inspection, the inspector met with one additional staff member who had recently joined the centre in a team leader capacity. A person who participated in the management of the centre also attended the centre on the second day of inspection.

The inspector met with two full time residents and also a resident who was transitioning to the centre over the course of the inspection. The inspector met with the full time residents individually and the resident who was transitioning to the centre met the inspector with the support of a staff member.

The centre was a large detached, two storey house which was located within walking distance of a large town in the midlands. The centre was in an established residential area which was serviced by local taxis, bus service and a nearby train station. Residents also had a safe walking route into the town and transport was provided for residents to get to and from their day service, and the wider local area.

The centre had a very pleasant atmosphere and the inspector met with residents as they returned home from their day service on the first evening of the inspection. Residents were bright and bubbly upon their return and they chatted freely with

supporting staff about their plans for the evening ahead.

One resident spoke at length and they explained what life was like in the centre. They explained how staff who supported them were really nice and they were assisting them to celebrate their upcoming birthday by going on a hotel break. The resident sat and had tea with the inspector and they explained how recent changes in the centre had a positive impact on their life and how they were much happier. They were highly complimentary of staff and the inspector observed that they frequently sought out staff for reassurance throughout the inspection. It was clear the resident was comfortable in their surroundings and they spoke warmly to staff and other residents throughout the evening. They discussed dinner plans and they referred to a visual menu for the week and were delighted with the planned meal for that day. They told the supporting staff that they would like to help with dinner and also that they would be happy to help tidying up afterwards.

The remaining two residents were also relaxed throughout the first evening of inspection and they went about their own affairs, chatting with staff and each other. One resident was in the process of transitioning to the service and they attended each week for four nights. They preferred to have the company of staff when interacting with the inspector, but they were happy in their environment and appeared to get on well with the two other full time residents. They showed the inspector their electronic device and the supporting staff member explained that they loved taking photographs with this device. The other resident had a cup of tea with the inspector and they also spoke very positively about their life and home. Again, they explained that staff were very nice and they enjoyed their company. They enjoyed going shopping, visiting cafes and restaurants.

Over both days of inspection, the inspector found that the centre was warm, welcoming and residents considered it their home. Each resident had their own bedroom and there were an ample number of ensuite and shared bathrooms for residents use. It had a large open plan kitchen/dining area and there were two reception rooms for residents to relax or receive visitors in private. The centre was also well maintained and comfortably furnished.

The inspector found that the centre was respectful in regards to resident's personal information, with all confidential materials held in the centre's office. A resident also told the inspector that all correspondence such as personal letters were left for their attention and would not be opened by staff or other residents. Information displayed in a pictorial and written format and included meal choices, safeguarding and the promotion of respect.

Staff on duty over the course of the inspection were kind and considerate in the approach to care. They spoke warmly to residents and they were patient in observed interactions. It was clear that they had a good rapport with residents as they sought out their support and reassurance throughout the inspection. Residents chatted freely with staff members and they discussed the evening ahead, plans for the weekend and also the celebration of an upcoming birthday. Staff had a good knowledge of resident's individual and collective preferences in regards to care. They clearly explained how residents were consulted in regards to the running and

operation of their home and also their individual care needs in areas such as behavioural support, intimate care and also social engagements. Although, staff had a good knowledge of the centre and residents care requirements, there was a lack of clarity in regards to active safeguarding plans in the centre.

One the day of inspection, the inspector found that the centre was a pleasant place in which to live. Residents reported that they were happy and also that there had been a number of improvements since the last inspection. Although there had been improvements since the last inspection, significant issued remained in regards to the oversight of care, safeguarding and also the staffing arrangements.

Capacity and capability

This was an unannounced inspection conducted following the receipt of unsolicited information and also the receipt of notification following the allegation of a serious safeguarding issue. In addition, the previous inspection of this centre described significant concerns in relation to governance and also safeguarding. The inspector found that issues in regards to these two regulations continued on this inspection, and little progress had been made in resolving fundamental issues in this centre. In addition, the staffing arrangements also required attention and an immediate action was issued to the provider in relation to the lack of a vetting disclosure for one staff member.

The provider had completed all internal reviews and audits as set out in the regulations. These oversight measures had examined the care provided and found that improvements were required in regards to safeguarding. The most recent audit identified that further clarity was required in regards to the number of actual safeguarding plans which were required to keep residents safe. This audit was in line with the findings of this inspection; however, the inspector found that there had been no progress in resolving this issue. In addition, the provider had implemented a number of actions since the last inspection of this centre to strengthen safeguarding arrangements which included additional staffing training and raising the awareness of safeguarding. However, the inspector found that despite these actions, fundamental aspects of safeguarding which included staff knowledge of the required plans to keep residents safe was not in place. The inspector found that staff were left at a disadvantage in this area of care as the provider entity was also unable to clarify the safeguarding requirements on the day of inspection.

Although, the provider had completed all audits and reviews as set out in the regulations, the day to day oversight arrangements failed to ensure that all aspects of care were held to a good standard. Recent reviews of care did not identify or bring about sufficient change in regards to critical aspects of care. For example, a significant and serious incident was alleged to have occurred. Subsequent to this allegation, further historical allegations were made; however, the provider failed to recognise the impact of these allegations on the provision of care. Furthermore,

oversight arrangements failed to identify issues in regards to vetting disclosures and the high use of agency staff which had not received a suitable induction to the centre despite significant concerns in relation to safeguarding and recent allegations of a serious incident.

Regulation 15: Staffing

The staffing arrangements in this centre required significant improvements in regards to Schedule 2 files, maintenance of the rota, use of agency and also their induction to the centre.

The inspector examined the Schedule 2 documents for two full time staff members and found that the provider had not ensured that the requirements of this regulation were met. One staff file had an incomplete employment history and only one suitable reference was in place. Of concern, a vetting disclosure was not in place for the second staff file which was reviewed. Vetting disclosures are an integral aspect of safeguarding residents and due to it's absence the provider was issued with an immediate action as this staff member was scheduled work in the centre on the first night of the inspection. In response, the provider gave assurances that the staff member would not work unsupervised in the centre until such time as a vetting disclosure was secured.

The rota for the three months prior to the inspection was reviewed and although the required staff ratio was in place at all times, there was a high use of agency, including one off use in the centre. Two of the residents who used this service had complex needs and there had also been a serious reported incident in the period prior to the inspection; however, there was no formal induction for agency staff to inform them in areas such as safeguarding, risk or the resident's personal care needs. In addition, the rota did not contain full names for all agency staff who had worked in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that residents were supported by a knowledgeable staff team. A review of records indicated that staff had undertaken training in mandatory training such as safeguarding, fire safety and positive behavioural support. A training record for one recently appointed staff member was incomplete; however, the provider submitted assurances subsequent to the inspection in relation to their completed training.

Staff who met with the inspector had a good understanding of resident's individual

needs and also procedures in relation to safeguarding. In addition, some staff had completed additional rights training.

The person in charge had a schedule of both team meetings and individual supervision sessions in place which promoted an open culture and gave staff a platform in which to raise concerns or discuss personal development.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and oversight arrangements in this centre required significant improvements. On the last inspection of this centre, concerns were raised in regards to safeguarding, risk management and the centre's governance arrangements. In response, the provider submitted a compliance plan to bring this centre back into compliance with the regulations and to improve the safety and quality of care provided.

Although the actions outlined in the compliance plan were implemented, these actions were did not bring about sufficient change in key areas of care. For example, significant safeguarding training and information workshops had occurred; however, on the day of inspection the provider was unable to demonstrate the number of active safeguarding plans in place. In addition, three staff told the inspector three different accounts of the safeguarding requirements of this centre. As a result, the inspector was unable to verify if residents were safeguarded at all times.

Critical aspects of the staffing arrangements also required further examination by the provider. Vetting disclosures are a key aspect of the protection of residents; however, the provider failed to ensure that a staff member who was due to support residents on the night of inspection had a vetting disclosure in place. In addition, the provider failed to demonstrate that the centre was adequately resourced with suitably inducted staff as the inspector found there was a high use of agency staff who had not supported residents for more than one shift.

Judgment: Not compliant

Quality and safety

This inspection highlighted that residents enjoyed a good quality of social access and they were supported to pursue meaningful activities and personal interests. However, significant issues were identified on this inspection in regards to safeguarding and safety.

Over the two days of inspection, the inspector found that the safety and safeguarding of residents required a complete review as the provider failed to demonstrate that residents were safeguarded and safe at all times. Despite efforts by the provider to enhance safeguarding in the centre, this inspection highlighted that fundamental aspects of safeguarding were not in place. The provider could not outline how many safeguarding plans were required to keep residents safe and as a result, staff knowledge in this area of care was also negatively impacted.

Although the provider had arrangements in place to monitor risks and local adverse events, the provider failed to recognise the potential impact that recent allegations had in terms of safeguarding and safety. A recent allegation had been taken seriously by the provider and safeguarding measures had been implemented to make one resident safe. However, additional allegations of a further serious nature were made which referred to the recent past; however, the provider failed to recognise the combined impact of these allegations on the provision of care for all residents who used this service.

Residents who met with the inspector stated that they were currently happy in the service and that they felt safe. They spoke highly of staff who were on duty and they said that they were very nice. Residents also told the inspector about their lives and how they enjoyed being out and about in their local area. They enjoyed shopping, going to restaurants and also having coffee and meeting up with friends.

Overall, the inspector found that residents enjoyed a good standard of social care and they were supported by a kind and considerate staff team; however, the safety and safeguarding arrangements in this centre required significant attention to bring these areas of care into a suitable level of compliance with the regulations.

Regulation 10: Communication

Residents who used this service could freely voice their opinions, thoughts and any concerns which they may have. The inspector observed that staff interacted with residents in a warm and compassionate manner and that residents were relaxed in their company.

Residents' personal information was stored securely and any documents displayed were of a general nature and comprised information in regards to meal choices, respect and the staff rota.

Residents also met with staff on a weekly basis at the centre's house meeting. At these meetings residents openly discussed the running and operation of their home and staff used this platform to raise awareness of topics such as safeguarding, fire safety and complaints.

Judgment: Compliant

Regulation 17: Premises

The centre was large, spacious and well maintained. Each resident had their own bedroom, which they could lock if they wished and each bedroom had ample storage for personal possessions.

The centre had an ample number of bathrooms and toilets for residents use and there were two reception rooms available to residents for residents to receive visitors in private if they so wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There had been a serious allegation pertaining to the safeguarding of a resident in recent months. The provider had taken immediate measures to ensure the safety of the particular resident. Further disclosures pertaining to this safeguarding concern followed the initial disclosure and the provider had failed to take reasonable steps to assess the impact of all of the information available on all the residents in the centre.

The provider had not initiated steps to investigate and learn from the serious incident. The provider confirmed there was no process in place presently or planned to meet this requirement of the regulations.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis. Residents were also supported to engage in personal planning with ongoing discussions around goals such as holidays, celebrating birthdays and attending social events.

A resident who was planning to transition to the centre had a complete assessment of needs completed which included their health, social and personal requirements. The assessment also reviewed any potential safety concerns and there were compatibility issues identified as part of the assessment process.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident who used this service required some interventions in regards to behavioural support. They had been recently referred for assessment for a formal behavioural support plan in response to recent behaviours. Staff who spoke with the inspector described the use of routine, space and calming environment as beneficial in responding to their needs.

There was minimal use of restrictive practices in this centre with one locked press which was at the request of a resident. This practice was kept under review and residents were aware of it's use.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents in this centre required significant improvements. Although, residents told the inspector they were happy and felt safe, the provider did not demonstrate that safeguarding was held to a suitable standard at all times.

A significant incident had occurred since the last inspection of this centre and the provider had taken action to promote the safety and safeguarding of one resident. Subsequent to this incident, the provider received additional information which raised additional safeguarding concerns; however, the receipt of this information had not prompted the implementation of safeguarding procedures and the provider failed to demonstrate that an investigation had occurred.

The inspector met with two staff members who informed the inspector of three different safeguarding concerns which were in place at the time of inspection. However, these concerns did not correspond with each other and did not correspond with the information which was outlined to the inspector by management of the centre, who indicated that there was one safeguarding plan in place.

The inspector examined a previous allegation and which had been a preliminary screened in July 2024; however, the provider was unable to demonstrate that a suitable investigation had occurred and also if a formal safeguarding plan was required for this issue.

Multiple safeguarding concerns which had been highlighted by the provider since the last inspection. Of concern to the inspector, the provider was unable to demonstrate the outcome of each investigation. In addition, the provider could not verify how many safeguarding plans were required to keep residents safe in this centre on the day of inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted in this centre. Residents who met with the inspector stated that they were well informed in terms of the operation of their home and they participated in a weekly house meeting. In addition, each resident attended a monthly meeting with their individual key worker and discussed topics such as their goals, upcoming plans and also topics like safeguarding.

The inspector observed that staff chatted freely with residents and sought the permission and opinion before they assisted them. It was clear that residents were familiar with these interactions and they responded warmly when staff interacted with them.

Residents' religious beliefs were respected and a resident told the inspector of their interest in religion and how staff supported them to attend their preferred places of worship.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballard House OSV-0002667

Inspection ID: MON-0044712

Date of inspection: 26/09/2024 and 27/09/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The provider will complete a review in respect of the requirements of schedule two on all staff files. This will include employment histories and vetting disclosures. This will be completed by 31/10/24. • The vetting disclosure referred to in this report has been sourced and is available in the service, this was completed on 2/10/24. • A significant recruitment campaign is being undertaken by the provider with a view to reducing the use of agency staff. A recruitment day is scheduled for 23/10/2024 in a local hotel. Service specific interviews are also taking place in advance and separately to the above recruitment campaign. It is hoped that as a result of these actions additional permanent staff will be recruited to the service by 31/12/24. • The provider will make every effort to ensure that agency staff used in the service are regular staff for the service. The PIC will discuss these requirements with the agency. This will be completed by 31/10/24. • The provider will ensure that all staff including agency receive a suitable induction to include core service information and resident needs/concerns. An induction folder for staff will be developed and available to staff in the service. This will be in place by 8/11/24. • The rota template will be revised to ensure that it reflects the appropriate information as including staff member’s full name, their role and the scheduled and actual worked hours. This will be completed by 18/10/24. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC and PPIM will ensure that both weekly and monthly service reviews are completed by the team leader and person in charge with a view to improving day to day governance and oversight arrangements in the service and to ensure that sufficient change in key areas of care is progressing. This will be implemented by 31/10/2024 • The provider is maintaining an overarching action tracker that monitors the progress of actions as identified in the recent internal audits, April HIQA compliance plan and this compliance plan. This will be maintained by the PIC and monitored by the PPIM until all actions are complete. This will be updated by 31/10/2024. • The Provider will continue to keep to this service in its internal escalation process until all actions identified in this plan are resolved. A Governance Group comprised of the PIC, Regional Manager and senior staff from the Operations and Quality & Governance Teams will meet at minimum on a monthly basis. The most recent meeting took place on 16/10/2024 and the next meeting is scheduled for 29/10/2024. The Quality and Safety subcommittee of the providers' board receive regular updates of the status of the Governance Group. • The provider has commissioned an external review of recent safeguarding allegation in the service. See Regulation 8 below for further details. • All future Safeguarding allegations / concerns will be responded to in line with policy. Should any further allegations be made in relation to the recent serious allegation, these will be escalated internally immediately to senior management and external bodies as required. • The provider is currently completing a review of all safeguarding plans in the service and following the review staff will be provided with the required information. See Regulation 8 below for further details. • As outlined under Regulation 15 above the use of agency staff will be managed to ensure that as far as possible only regular agency staff are used in the service and the PIC will ensure that all staff are provided with the required information at the time of induction. • The providers' board has been provided with a copy of this inspection report. The board will be updated on a monthly basis on progress of actions arising from this report until all actions are closed. As part of this monthly reporting, should any delays or issues arise, the board will also be informed. 	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The person in charge will complete a full review of the centre’s Risk Management Framework. This will include updating risk assessments and revising risk ratings in line with existing control measures. This will be completed by 1/11/24. • The provider has commissioned an external review of a recent serious safeguarding allegation in the service. The review will examine the provider’s response to this allegation and also examine all the information available in the service in the context of this allegation. This review will commence in November with an expectation this will be concluded by 31/01/2025. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The provider will complete a full review with regard to safeguarding plans in the service. This process will identify the current status of each safeguarding plan and associated investigation. The process will also identify which plans are currently required to keep residents safe. This will be completed by 14/11/2024. • As identified above the provider has engaged an external review to address concerns identified in this report. This review will commence in November with an expectation this will be concluded by 31/01/2025. • The provider will implement a robust system of storing and recording all safeguarding documentation to ensure that the appropriate information/guidance is accessible to staff. This review will be completed by 14/11/2024. • Safeguarding and safeguarding action plans will continue remaining a standing agenda item at all team meetings and individual supervisions. This will be implemented by 30/11/2024. • The Person in Charge will meet with residents to establish if they have been impacted by disclosures that have been made to the centre. This will be completed by 31/10/24. • Referrals to the internal Psychology Department for three residents residing in the service during the timeframe of the allegation will be submitted by 22/10/2024. The 	

Psychology Department will further assess and support if required. This review will be completed 21/11/24

- The person whom made the allegation is currently being supported by their Community Mental Health Nurse. This support is ongoing.

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	Orange	31/12/2024
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	Orange	07/11/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	18/10/2024

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	31/10/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2025
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	31/10/2024
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the	Not Compliant	Orange	31/12/2024

	following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	14/11/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	14/11/2024
Regulation 08(3)	The person in charge shall initiate and put in 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.	Not Compliant	Orange	31/01/2025