



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

Issued by the Chief Inspector

Name of designated centre:	Peacehaven Trust
Name of provider:	Peacehaven Trust CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	10 April 2024
Centre ID:	OSV-0003690
Fieldwork ID:	MON-0034451

About the designated centre

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

Peacehaven Trust provides full-time residential care and support for 17 adults with mild or moderate intellectual disabilities across three locations on the east coast of Co. Wicklow. Each house is close to a variety of local amenities and residents have access to private transport to support them to access their community. Each resident has their own bedroom and has access to communal rooms including a choice of sitting areas, kitchens, laundry rooms, gardens, private spaces, adequate storage, waste disposal, and private transport. Care and support is provided for residents as required within the context of a 24/7 service. The staffing team consists of a person in charge, care managers, social care workers and relief staff.

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 10 April 2024	10:30hrs to 16:30hrs	Jennifer Deasy	Lead
Wednesday 10 April 2024	10:30hrs to 16:30hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration. The designated centre is comprised of three houses which are located in a busy town in Wicklow close to many public amenities.

Two inspectors attended the designated centre and visited all three of the houses on the day of inspection. Inspectors had the opportunity to meet with and speak to many of the residents and staff members over the course of the day. Inspectors used conversations with residents and staff, a walk-around of the premises and a review of documentation to inform judgments on the quality and safety of care in the centre. Overall, inspectors found that residents in this centre were happy in their home and were in receipt of good quality, person-centred and rights-informed care.

Inspectors saw, on arrival to each of the three houses, that they were clean, well-maintained and welcoming. In one of the houses, decorations from a resident's recent birthday party were displayed. Staff told the inspectors about the resident's party and their many friends who had attended the centre to help them to celebrate. The inspectors saw that this house was very clean and that there was plenty of private and communal space for residents to access. Inspectors met one resident in this house. They told the inspectors that they had an appointment scheduled in the afternoon and of their plans for the rest of the day.

In the second house, inspectors saw that staff were preparing a vegetarian lasagne for dinner in line with the residents' choices. The food looked and smelled appetising. Staff told the inspectors that residents had weekly meetings where they discussed meal planning for the week, as well as other issues related to the running of the house. One resident told the inspector about their particular dietary needs and showed the inspector where their foods were stored. Inspectors saw staff preparing a version of the meal which was in line with this resident's needs.

Inspectors saw residents making themselves coffee and preparing snacks either independently or supported by staff. Inspectors saw respectful interactions between staff and residents. Staff assisted residents with activities of daily living where required and did so in a manner which upheld residents' autonomy. Residents in the second house told the inspectors about their daily lives including their hobbies and interests and their volunteering roles and paid employment. Residents told the inspectors that they were very happy living in their home and that they had busy and active lives.

Inspectors met two residents in the third house. One resident had retired from day service and continued to enjoy an active life in line with their preferences. For example, they told the inspector about their knitting group as well as a volunteering role in the local community. Another resident told inspectors about their college classes and their paid employment. Residents in this house told the inspector that

they felt safe and happy, and that they had choice and control in their daily lives.

Many residents were at day services or attending classes and appointments during the inspection so inspectors did not have an opportunity to meet all residents. However, most residents had completed Health Information and Quality Authority (HIQA) questionnaires for inspectors to review. Some family members also gave written positive feedback to inspectors on their perspectives of the quality and safety of care in the centre. Inspectors saw that, overall, residents were very happy with their homes, the staff support available to them and how their rights were upheld. Family members communicated that their loved ones were happy in their home and complimented the staff on the quality of care and support provided.

Staff in this centre had also completed human rights training and gave the inspectors examples of how this training had informed their practice. Staff detailed steps they took to ensure that residents' voices were heard and that they had choice and control in their everyday lives and in the day-to-day running of the centre.

Staff described how human rights were upheld through small, everyday things such as ensuring that residents' preferred coffee brands were available in the house, through to bigger things like supporting residents to self-advocate for additional staffing at weekends for one-to-one keyworking sessions. Recently, some residents had communicated that they would prefer for keyworking to be available at weekends when they were less busy with day services, work and activities. The provider had responded and had made arrangements for this resource to be available for residents.

Overall, inspectors saw that residents were in receipt of person-centred care which was meeting the requirements of the Regulations in many areas and which was striving to go beyond these to meet the National Standards.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspectors found that there were effective leadership and management arrangements in place and clear lines of accountability. These leadership arrangements were ensuring that the needs of residents were met and that there were sufficient resources to provide person-centred and safe services.

The provider had appointed a person in charge to have oversight of the designated centre. They had been in their position for a number of years and understood the residents' needs and the service objectives. Each house had a house manager who reported to the person in charge. They had defined roles and responsibilities and supported the person in charge by ensuring oversight of the day-to-day running of

each of the houses and completing regular local audits which were reviewed by the person in charge.

The person in charge reported to a regional manager. They held regular meetings to ensure that effective delivery of the service and to escalate any risks to the provider level. The provider also had in place a series of regular audits, in line with the Regulations, including the six-monthly unannounced visits and an annual review of the quality and safety of care. Inspectors reviewed these audits and saw that they identified areas for improvements and implemented action plans where required to address these areas.

The inspectors saw that there were sufficient staff on duty to meet the needs of the residents. Staff spoken with were well-informed regarding the residents' needs and their defined roles and responsibilities. Induction training was provided to all staff, including agency and relief staff to ensure that they were familiar with the service needs. The person in charge had also effected arrangements to ensure continuity of care to residents when there were vacancies or gaps in the roster.

The provider had established an effective complaints procedure for residents to avail of. The procedure had been prepared in an easy-to-read format and was readily available to residents and their representatives. Inspectors found that complaints made by residents had been appropriately recorded and managed to resolution.

The provider had submitted an application to renew the centre's certificate of registration. They had submitted all of the required documentation to accompany the application which was reviewed by the inspectors. This was found to be in line with the Regulations.

Regulation 14: Persons in charge

The provider had appointed a person in charge who was suitably skilled, experienced and qualified. They had been in their role for a number of years and demonstrated a comprehensive understanding of the service needs. The person in charge had responsibility for this designated centre which comprised three houses. There were structures in place to support the person in charge in having oversight of all houses. For example, a local manager was appointed who reported to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

A roster was maintained for the service which was reviewed by the inspectors on the day of inspection. The inspectors saw that the staffing arrangements were in line

with the statement of purpose. There were seen to be sufficient staff on the day of inspection to support the number of residents in line with their assessed needs.

There were plans in place to ensure continuity of care for residents should there be gaps in the roster. For example, consistent agency staff were booked. These agency staff were required to complete a service induction before commencing their shift to ensure that they were familiar with local operating procedures and with the residents' care plans.

A sample of Schedule 2 files were reviewed by the inspectors. These were found to contain all of the information as required by the Regulations.

Judgment: Compliant

Regulation 22: Insurance

A certificate of insurance was submitted by the provider as part of their application to renew the centre's certificate of registration. The inspector found that the provider had effected a contract of insurance against injury to residents, along with insurance against other risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. Each house had an appointed manager who reported to the person in charge. The house managers had clear roles and responsibilities and supported the person in charge in having oversight of the designated centre by completing regular local audits and overseeing the day-to-day delivery of care.

The person in charge reported to a regional care manager and was in receipt of regular support and supervision from this manager. The person in charge completed monthly monitoring reports to monitor for the quality and safety of care. These were reviewed by the regional care manager and action plans were implemented if required.

The provider had also completed six-monthly unannounced audits as well as an annual review of the quality and safety of care. These audits were found to be comprehensive and accurately reflected the service needs. Action plans were implemented to address any needs identified on these audits. The provider had consulted with residents as part of their annual review and had taken on board resident feedback in order to enhance the quality of care. For example, changes had

been made to the keyworking arrangements in line with residents' preferences.

Staff were in receipt of appropriate supervision and support through team meetings and individual supervision meetings. A sample of records of these meetings were reviewed and were seen to be appropriate to meet staff needs. Staff were aware of their individual roles and responsibilities and of the procedure to escalate risks to the provider level.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre and was submitted by the provider as part of their registration renewal application. This was reviewed by the inspectors and was seen to contain all of the information as required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents. The complaints procedure included information on the relevant persons' roles and responsibilities, and advocacy services for residents to access. The procedure had also been prepared in an easy-to-read format to make it more accessible to residents. The procedure was readily available in the centre, and staff had also discussed it with residents to help them understand it.

The inspectors found that complaints made by residents had been well-managed and resolved to their satisfaction.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. Overall, the inspectors saw that the residents were in receipt of good-quality care from a staff team who were well-informed and suitably trained in their assessed needs.

Residents told the inspectors that they felt safe and were happy in their home. Residents were supported to develop and maintain links with their local community in accordance with their wishes and their autonomy and independence in their daily lives was respected.

There were two areas for improvement identified on this inspection. The first was in ensuring that risk assessments for residents who were unexpectedly absent from the centre were sufficiently detailed to guide staff in managing this risk. The second was in ensuring that all residents could be safely evacuated in the event of a fire. A number of residents either refused or had difficulties in evacuating during fire drills and it was not demonstrated that there were effective arrangements in place to evacuate these residents in the event of a real emergency. This required review by the provider.

A sample of residents' files were reviewed along with their individual assessments and care plans. The inspectors saw that each resident had a comprehensive and detailed individual assessment which was used to inform care plans for each assessed need. Care plans were written in a person-centred manner and detailed residents' preferences and steps to ensure their autonomy and dignity were upheld. Staff spoken with were informed regarding the care plans and could quickly locate these on the provider's system for reference if required. An accessible version of each residents' individual assessment was also available in hard copy on their files.

Inspectors also found that residents' individual communication means had been assessed, and associated care plans were in place for staff to follow to ensure that residents were supported to communicate their needs and wishes.

Inspectors observed a good selection and variety of food and drinks for residents to choose from. Residents were supported to choose their meals, and were involved in the shopping and preparing of their meals as they wished. Residents told inspectors that they enjoyed the food in the centre. Some residents required specialised and modified diets, and appropriate supports were in place, such as care plans and training for staff.

Where required residents' files also contained safeguarding plans which detailed steps to be taken by staff to ensure that residents were protected from abuse. Staff had received training in safeguarding and were informed of their safeguarding roles and responsibilities. Where there had been allegations of suspected abuse, these had been reported to the relevant statutory authorities and steps had been taken to safeguard residents.

Risk assessments were available for known risks. These were seen to be person-centred and contained proportionate control measures. However, one risk assessment reviewed by inspectors required enhancement to ensure that it was sufficiently detailed. This related to the control measures for staff to follow in the event of a resident being unexpectedly absent from the centre. The inspectors found that there was a lack of clear procedure to be followed in this instance. This required review by the provider.

Inspectors found that the provider had implemented some good fire safety

precautions in the centre. For example, there was fire detection and fighting equipment, such as alarms, fire extinguishers and blankets, and emergency lights in all houses. The equipment was regularly serviced, and appeared to be good working order. Staff also carried regular fire safety checks. However, the provider had not ensured that all residents could be evacuated from the centre in the event of a fire, which posed a significant risk to their safety. Inspectors also found that the fire drills carried out in some houses had not adequately tested the effectiveness of fire evacuation plans.

Staff in this centre had also received training in human rights. Staff described how this training had informed their everyday work and told inspectors how they ensured that residents' rights were upheld.

Regulation 10: Communication

The registered provider had ensured that residents were supported at all times to communicate their needs and wishes through their own individual means.

Residents' communication means had been assessed, and corresponding communication plans were in place with input from the relevant multidisciplinary team services. The plans were readily available in the centre for staff to follow. Some residents used non-verbal communication means and aids, such as sign language, picture boards and objects of reference. Inspectors observed staff communicating with residents in a kind and professional manner, and in line with their communication plans.

The registered provider had also ensured that residents had access to different forms of media, including television, smart devices, and the Internet.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents could freely receive visitors in accordance with their wishes.

There were no restriction on residents receiving visitors. Residents told inspectors that they enjoyed receiving visitors in their homes. Inspectors also observed that there was suitable communal facilities in all three houses for residents to receive visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their meals if they wished.

Inspectors observed a good selection of food and drinks for residents to choose from. The kitchen facilities were well-equipped for storing and preparing meals. Inspectors also observed residents freely using kitchen appliances and making small meals for themselves, while staff cooked larger meals, such as dinners. There was an appetising aroma of home cooking at meal times. Residents told inspectors that they liked the food provided in the centre, had their favourite meals often, and were satisfied with the supports they received in preparing meals.

Some residents were assessed as requiring specialised and modified diets. Associated care plans had been prepared, with relevant health and social care professional input, such as dietitian, and speech and language therapy. Parts of the plans had been prepared in an easy-to-read format for residents to understand. Inspectors found that staff spoken with were well-informed of the plans, and had received relevant training in this area.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was submitted by the provider for the inspectors to review. The inspectors saw that it contained all of the information as required by the Regulations including, for example, information on the complaints procedure and the process for accessing the Health Information and Quality Authority's inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had in place a risk management policy which contained the information as required by the regulations.

There were a suite of risk assessments in place which controlled for known risks in the centre. The inspectors reviewed the risk assessments and found that the majority were comprehensive and contained person-centred control measures which were mindful of ensuring residents' autonomy.

However, inspectors saw that the risk assessment in relation to the risk of residents being unexpectedly absent from the designated centre required review. The control measures were not found to be sufficiently detailed to guide staff in consistently responding to this risk.

For example, there was no time-frame set out for how long staff should wait before contacting the relevant stakeholders or authorities, or what the procedure was that should be followed in this instance. The inspectors reviewed the missing persons' guidance on residents' files and saw that this information was also absent from this guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors found that aspects of the fire precautions implemented in the centre required improvement to ensure that they were effective and adequately protected residents from the risk of fire.

The person in charge had ensured that evacuation plans to be followed in the event of the fire alarm activating were available for staff to follow, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating.

However, the plans for two residents did not demonstrate that they could be safely evacuated from the centre in a reasonable manner. For example, these residents either refused to evacuate or had difficulties in evacuating due to their mobility. Their evacuation plans outlined that they could remain in their bedrooms to await rescue by the fire service if staff efforts to evacuate them were unsuccessful. This arrangement was not appropriate, and required more consideration from the provider.

The inspectors also found that although regular fire drills were carried out to test the effectiveness of the fire evacuations plans, the drills did not always include the maximum number of residents and reduced staff levels.

For example, the most recent fire drill, reflective of a night-time scenario, in one of the houses had been carried out while not all of the residents living there were present. Therefore, it was not demonstrated that the arrangements to evacuate all residents had been tested to ensure that they were adequate. Furthermore, staff training records indicated that three staff were overdue fire safety training.

Inspectors also found the measures to contain smoke and fire required improvement. For example, the inspectors released a sample of the fire doors in all three houses, including bedroom doors, and found that two doors in the centre did not close fully.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of resident's files. The inspectors saw that each resident had an up-to-date individual assessment which was used to inform care plans. Staff spoken with were informed regarding residents' care plans, and how to locate these on the residents' files.

The provider had ensured that residents had access to a variety of multidisciplinary healthcare professionals in line with their assessed needs. Multidisciplinary reports were available on residents' files and the information in these were used to inform care plans.

An easy-to-read version of the residents' annual care plan was available on residents' files.

The inspectors saw that the premises of the designated centre was designed and laid out in a manner that was suitable to meet the assessed needs of residents. The centre was equipped with aids to support accessibility. For example, ramps were available at entrances for those with mobility needs and specialist equipment to alert those with hearing impairments to the fire alarm was also installed.

Judgment: Compliant

Regulation 8: Protection

The provider had effected a safeguarding policy which had been recently reviewed and updated. This detailed the procedures in place to ensure that residents were safeguarded from abuse.

The inspectors saw that where there had been incidents of alleged abuse, the required safeguarding procedures had been followed and the relevant statutory bodies had been notified.

Safeguarding plans were implemented and were available on residents' files. Staff were knowledgeable regarding this plans and competently described how they ensure that residents are protected from abuse. Staff were also informed of their safeguarding roles and responsibilities and of the structures to report any concerns.

Staff in this centre had completed required safeguarding training in Children First and Safeguarding Vulnerable Adults.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had completed human rights training and described to inspectors how this training had informed their everyday practice. Staff told inspectors how they ensured that residents' rights were upheld in relation to their autonomy and control in the day-to-day running of the centre.

Staff told the inspectors of how they listen to residents and ensure that the centre is operating in line with their preferences. For example, staff described doing everyday things such as ensuring that residents' preferred brands of coffee were available to them or that residents had access to preferred television streaming services.

Staff also told the inspectors that residents had requested that keyworking sessions be made available to them at the weekends. The provider had reflected this in their annual review and had made changes to ensure that staff could be made available to residents at the weekend as per residents' preferences so that they could avail of one-to-one keyworking sessions.

Residents spoken with were informed of their rights and communicated that they were happy with how their rights were upheld.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peacehaven Trust OSV-0003690

Inspection ID: MON-0034451

Date of inspection: 10/04/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In relation to the risk of residents being unexpectedly absent from the designated centre required the Provider has required the Key Worker and Manager to review and enhance the missing person risk assessment and unexplained absence protocol for the identified resident. This has been communicated to all relevant staff, and documents are shared with the staff team. The Provider has reviewed these documents to satisfy that appropriate arrangements are in place.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In relation to evacuation plans the Provider has sought OT assessment for one resident; and is seeking alternative fire safety consultation to advise on systems compliance to Irish legislation, for the two residents who have difficulty evacuating independently.</p> <p>The Provider has amended the fire policy to ensure that staff arrange fire drills to include all residents registered in each location – and not just those present. All staff must complete a fire drill annually – as well as all new start staff (including agency) and those returning from long term leave.</p> <p>The Provider shall ensure that all staff are fire safety trained annually, including those returning from long-term leave; and those who are absent when site specific fire safety training occurs – who will complete an on-line version of the site-specific training. New</p>	

start staff shall also be required to complete the on-line version.

The Provider is instituting a new system of fire safety checks, which include robust weekly checks on the function of the fire panel, and fire mechanisms; monthly checks of all fire equipment including fire doors; quarterly checks on the alarm system (in addition to the servicing of the system by competent engineers); and annual checks including PAT testing of all devices.

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 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	15/05/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/06/2024

	reviewing fire precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/06/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/06/2024