



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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Rathfarnham
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	21 September 2021
Centre ID:	OSV-0004013
Fieldwork ID:	MON-0026885

About the designated centre

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

Community Houses Rathfarnham is a residential designated centre that provides care and support to 11 adult residents with disabilities with complex support requirements. The centre comprises of three houses, all of which are two storey and are located in community residential locations. All bedrooms are single occupancy. All houses have communal kitchens and lounge areas. All three houses have laundry facilities and toilet/shower facilities. The centre provides a 24 hour residential service, seven days a week, 365 days a year. Care and support needs are provided to each resident, based on their individual needs and assessments. The service provides a skill mix of nursing care, social care workers and health care assistants. Additional support is also accessed through local clinical supports as required. The residents in Community Houses Rathfarnham access community services for social and recreational activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 - 2015 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 21 September 2021	9:15 am to 4:30 pm	Marie Byrne	Lead

What residents told us and what inspectors observed

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community. Overall, the provider was identifying areas for improvement in line with the findings of this inspection. They had plans in place to complete a number of works to the premises and were aware that improvements were required in relation to the frequency of staff meetings and audits.

There were 11 residents living in the centre at the time of the inspection and the inspector had an opportunity to meet and briefly engage with nine residents. In addition 10 questionnaires in relation to care and support in the centre were completed in advances of the inspection. As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice.

The centre was made up of three community houses, all of which were within a short drive of each other. Residents appeared happy, comfortable and content in their homes and were observed relaxing or spending their time engaging in activities of their choice in their home. A number of residents attended their day service on the day of the inspection, and some residents were independently accessing their local community to go do things like go for a walk or to the hairdressers.

The inspector has the opportunity to visit each of the houses, and in each one residents showed the inspector around their home. A number of residents told the inspector that they were happy and felt safe in their homes. They talked about some of their favourite things to do and described how staff supported them to take part in activities they enjoyed both at home, and in their local community. They described the food as good and said they decided what and when they wanted to eat. They described how important it was to them to take part in the upkeep of their home and named some of the jobs they liked to do such as doing the hovering, doing their laundry, putting out the bins, and cleaning parts of their home. Some residents said that they liked to cook and bake sometimes, but that some days when they were busy they were very happy that staff were cooking for them.

Residents talked about how long they had lived in their homes, with some residents saying they had lived together for over 30 years. They said that remained happy after all this time, and talked about how well they got on with the other residents who they shared their home with. They said the staff team were very good to them, and that they were there if they needed anything.

Residents described activities they enjoyed both to the inspector and in the questionnaires they completed in advance of the inspection. These included going; out for meals, to the pub, to the garden centre, to mass, to the gym, bowling,

shopping, to the library, walking, baking, cooking, swimming, and doing art and crafts. The inspector observed kind and caring interactions between residents and members of the staff team during the inspection and staff were observed to be very familiar with residents likes and preferences, and to pick up on their communication cues. Staff spoke with the inspector about residents favourite things to do and about their particular areas of interest.

A number of residents spoke with the inspector about the impact of restrictions relating to COVID-19 on their access to activities they usually enjoyed in their community. They said they stayed as busy as they could while following public health advice, but said that they were very happy that things were now getting back to normal. Some residents spoke about the particular precautions they were taking during the pandemic such as wearing masks and maintaining social distancing. They also talked about what they would do if they, or someone they knew were showing signs or symptoms of COVID-19. They talked about how they were now getting back to doing things they enjoyed such as going to day services. One resident talked about preparing to get back to work. The provider had recognised the impact of restrictions relating to the pandemic on residents' access to activities in their community and on their access to their day service, so while restrictions were in place day service staff were redeployed to the houses to support residents to take part in activities in their home such as gardening, cooking, baking, attending video based classes and activities, and doing arts and crafts.

Residents meetings' were occurring weekly and agenda items included; menu planning, complaints, advocacy, safeguarding, activities, visits, privacy and dignity, the maintenance and upkeep of residents' homes, and restrictive practices. There was information available for residents in an easy-to-read format in relation to areas such as; restrictive practices, visiting, rights, complaints, and on how to access independent advocacy supports. Residents were supported to stay in contact with their relatives during the pandemic and now that restrictions had lifted, some were back visiting their family members. While visiting restrictions were in place residents were supported to keep in touch with their family and friends by phone or video call.

As part of their annual and six monthly reviews the provider was seeking residents and their representatives' views of the quality and safety of care and support in the centre. Residents indicated in the latest six monthly review that they liked their home and that they were well supported by the staff team. They described activities they enjoyed such as going to the local men's shed and to exercise classes. They talked about how happy they were that they were back to work and day services and some described what they would do if they were unhappy with any aspect of their care and support. They were complimentary about their food choices, and their access to activities. Residents' representatives were complimentary towards care and support and towards the staff team. They were particularly complimentary around how they kept everyone safe and healthy during the pandemic. They described the quality of care and support as very good or excellent, and each said that their family member was safe in their home.

The 10 questionnaires relating to care and support in the centre which had been completed in advance of the inspection, were completed by residents and/or their

representatives and some residents were supported by staff to complete them. Residents indicated in their questionnaires that they had been living in the designated centre for between two and 32 years. Overall, residents indicated they were happy with the comfort and warmth in the centre, their access to shared areas and an outdoor area, their bedroom, food and mealtimes, arrangements for visitors, the amount of choice they have and how their privacy and dignity are protected, their access to activities, support from the staff team, and the complaints process in the centre. Examples of comments included by residents in their questionnaires were; "this is my home and I love living here" , the house is "nice" and "cosy", "I like my bedroom, "all my belongings are safe in my house", "I feel safe in my house". Some residents described areas where they would like to see improvements such as; "I want the front garden surface to be fixed", "I need a new desk", and "I would like a holiday". During the inspection a number of residents described the complaints process and said they would feel comfortable raising any concern they may have to any member of the staff team. Each resident who spoke with the inspector about the complaints process named the local complaints officer.

In the questionnaires residents' representatives described staff as "exceptional", and included comments such as; "residents seem to be out and about most days, if not every day", and "my family member is relaxed and happy in their home". Residents' representatives were particularly complimentary towards how staff supported residents during the pandemic. For example, one person described the "exceptional care taken over this particularly difficult COVID time".

In summary, residents appeared happy, content and comfortable in their homes. They appeared very comfortable in the presence of staff who were observed to be familiar with their communication preferences and to be readily available to support them, should they require any assistance.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the centre was well managed and that the provider had systems in place to monitor the quality and safety of care and support for residents. The provider and local management team were identifying areas for improvement in line with the findings of this inspection and had plans in place to complete some works in a number of the houses, and to increase the number of staff meetings and audits in the centre.

The provider had submitted an application to renew the registration of this designated centre. However, they had not submitted all of the required information with this application. At the time of the inspection they had submitted the majority of the required information, and the remaining information was submitted following

the inspection.

The person in charge was newly appointed in 2021 and was also identified as person in charge of two other designated centre within the organisation. They were supported in their role by a number of clinical nurse managers and a director of nursing who was the person participating in the management of the designated centre (PPIM). This PPIM had previously been person in charge of this centre. The person in charge, nurse managers and PPIM were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were living a good life. The person in charge and clinical nurse managers were regularly visiting each of the houses and monitoring the quality of care and support for residents. These visits included making observations in relation to the day-to-day running of the centre, reviewing documentation, and spending time with residents and staff to get their views in relation to the centre.

The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion. In addition, the provider was tracking the actions from the last inspection in the centre and had completed the majority of these actions, with the exception of some works to premises. They had recognised in their own reviews that improvements were required in relation to the frequency of staff meetings and the completion of regular audits in line with their audit schedule. For example, a number of audits had not been completed as planned, and the last staff meeting was held in April 2021.

As previously mentioned, residents were supported by a staff team who were familiar with their care and support needs. The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience. From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. Planned and unplanned leave was covered by a small number of regular agency staff. The provider had recognised the need for an additional staff in one of the house and while they were working on acquiring funding and recruiting to fill this post, regular agency staff were completing the required shifts.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. They were in receipt of regular formal supervision. A number of staff told the inspector they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support.

Residents were protected by the complaints policies, procedures and practices in the centre. As previously mentioned a number of residents described the complaints process to the inspector and named the local complaints officers. Residents' representatives also indicated in the annual satisfaction survey that they were aware of the complaints procedures. There was a complaints log maintained and follow ups and the satisfaction level of complainants were recorded. The inspector reviewed a

sample of complaints and found that they had all been recorded and followed up on in line with the organisation's policy.

Registration Regulation 5: Application for registration or renewal of registration

The provider did not submit all of the required information with the application to renew the registration of this designated centre. The remaining outstanding information was submitted after the inspection.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience to fulfill the role. They were also appointed as person in charge of two other designated centres in the organisation, but were found to have systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing numbers were in line with the centre's statement of purpose. The provider had recognised the need to increase staffing numbers in one of the houses to meet residents' needs and were in the process of securing funding and recruiting to fill this post. In the interim, regular agency staff were filling all the required shifts.

There were planned and actual rosters and they were well maintained. Residents were in receipt of continuity of care and support as a small number of regular agency staff were covering planned and unplanned leave.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs.

Staff were in receipt of regular formal staff supervision in line with the organisation's policies and procedures. Staff who spoke with the inspector said they were well supported in their role.

Judgment: Compliant

Regulation 21: Records

There were systems in place to ensure that records were up-to-date, accurate and supporting the effective and efficient running of the centre. Records were maintained and available for the inspector to review and the sample reviewed were found to be accurate, up-to-date and easily retrievable.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property. The certificate of insurance was available in the centre during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined, and the lines of accountability and accountability were clear. Staff has specific roles and responsibilities and the management systems were ensuring that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge and PPIM demonstrated a good knowledge of the legislation and were focused on quality improvement.

The provider was completing an annual and six monthly reviews in line with the

requirements of the regulations, and the actions following these reviews were leading to improvements in relation to residents' care and support and in relation to their homes. The provider had recognised the need to complete some works to the premises and that improvements were required in relation to the frequency of staff meetings and audits in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre which had contained the required information and which had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy.

An easy-to-read complaints process was on display in each of the three houses and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents and their representatives indicated they were aware of the complaints process in their questionnaires.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. Residents were in receipt of person-centred care and support, and were living in a clean, warm and comfortable home. Their likes, dislikes and preferences were documented and the staff team were motivated to ensure they were happy, safe and engaging in activities they enjoyed.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. They were supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services or work, and to take part in activities in accordance with their interests. There were eight service vehicles shared across the service. A schedule was in place to ensure that each area had equal access to these vehicles. The inspector reviewed this schedule and found that at times some of these vehicles were not being used. They were informed that this was partly due to not always having enough drivers available. However, the inspector was not presented with any evidence that this was impacting on residents' access to activities or their local community. A number of residents were using public transport to access their favourite activities and there were good local public transport links.

The location, design and layout of the centre was suitable to meet residents' needs. Each of the houses were found to be clean, homely and comfortable. Rooms were of a suitable size and layout and there was plenty of private and communal space available for residents' use. Residents had access to storage for their personal use, and their bedrooms were personalised in line with their tastes. For the most part, each of the premises was well maintained both internally and externally. Works had been completed in one of the gardens including the installation of a patio, and other works to the garden. These works had just been completed and initially some residents were not happy with the fence that had been erected, and dealt with their concerns through the complaints process. The inspector visited this house and residents were now focused on decorating parts of their garden by adding a bird bath and some other decorations. One resident spoke to the inspector about how excited they were to go to the shops to buy these items.

There were a number of further works planned in another one of the houses including; works to a driveway, the extension of a path in the garden to the shed, and some works to the kitchen floor in one of the houses. The budget was approved for these works and they were due to commence in the weeks after the inspection. Plans were also in place to do some painting and decorating in the houses early in 2022.

Residents were protected by the risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were systems to log

and review incidents, and incident reviews were leading to the review and update of the relevant documentation. There were systems in place to ensure vehicles were serviced, insured, roadworthy and suitably equipped.

Residents were also protected by the policies, procedures and practices relating to infection prevention and control in the centre. The provider had developed procedures and contingency plans in relation to COVID-19. Each of the houses were found to be clean throughout and there were systems in place to ensure that each area of each of the houses were cleaned regularly. There were stocks of personal protective equipment available and systems for stock control. Staff had completed a number of infection prevention and control related trainings.

Overall, residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. Fire drills were occurring regularly and residents had a personal emergency evacuation plans in place. However, a number of residents' evacuation plans required review and update following learning from a number of recent drills. These changes were needed to ensure they were up-to-date and clearly guiding staff on supports these residents may require both day and night to safely evacuate the centre.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required. Residents had intimate care assessments and plans in place which detailed their support needs and preferences.

Residents were involved in the decisions in relation to their care and support and the running and operation of their home. Residents' meetings were occurring regularly and agenda items included residents' rights, health and wellbeing, visiting, and menu planning. There were a number of social stories and other information relating to rights, complaints, safeguarding and advocacy available in an easy-to-read format in the houses.

Regulation 13: General welfare and development

Residents could access activities in line with their wishes and preferences. They were taking part in activities they enjoyed both in their home and in their local community. Residents spoke with the inspector about activities they were enjoying regularly, and about things that had to look forward to. Some spoke about attending day services and one resident spoke about their job.

Judgment: Compliant

Regulation 17: Premises

Residents lived in clean, comfortable, and spacious homes which were designed laid out to meet their needs. Rooms were of a suitable size and layout and there was adequate private and communal space available for residents' use.

For the most part the premises was well maintained both internally and externally. A number of works had just been completed in one of the premises and as previously mentioned funding had been secured to complete works to another house. Plans were also in place to do some painting in early 2022 in the houses, and to replace some pieces of furniture.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations. It was available in the centre in an easy-to-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the policies, procedures and practices relating to risk management in the centre.

There was a risk register and general and individual risk assessments were developed and reviewed as required. There were systems to record and regularly review incidents. Learning from incident reviews was leading to the review and update of the relevant documentation.

There were systems to ensure vehicles were serviced, insured and maintained.

Judgment: Compliant

Regulation 27: Protection against infection

Residents was protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in relation to COVID-19.

Each of the premises were found to be clean during the inspection and there were systems in place to ensure that each area was cleaned on a regular basis.

There were stocks of PPE available and there was a stock control system in place.

Staff had completed a number of training's in relation to infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre, and there were adequate means of escape and emergency lighting in place. There were systems to ensure fire equipment was regularly serviced, tested and maintained.

Fire drills had occurred by day and night, to demonstrate that residents could safely evacuate the centre in the event of an emergency. The evacuation plan was on display and residents' had personal emergency evacuation plans in place. However, following learning from a number of recent drills, a number of residents' evacuation plans required review to ensure they were detailed in relation to the supports they may require to safely evacuate the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy-to-read format in the centre.

Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. Residents had intimate care plans in place which detailed their support needs and

preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in the centre on complaints, rights, and on how to access advocacy services. They were supported to exercise choice and control over their day-to-day life and were being involved in the running of the centre. They had opportunities to engage in activities in line with their interests.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Houses Rathfarnham OSV-0004013

Inspection ID: MON-0026885

Date of inspection: 21/09/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Registration Regulation 5: Application for registration or renewal of registration:</p> <p>All required documentation in relation to Regulation 5 has been submitted in line with the regulations to ensure compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule for both audit and staff meetings has been created for the remaining quarters of this year and this schedule will be carried forward into 2022 to ensure full compliance with Regulation 23.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 In relation to the service coming into full compliance with Regulation 17 on premise a minor capital plan for the 2021/2022 is in place. Scheduled works for one house are due to commence on the 18th of October, work is to include repair to the kitchen floor, a replacement kitchen, new flooring in the kitchen and dining room, fresh painting of the kitchen and dining room. The Garden is to be repaved in the front and back garden to allow for improved access to the patio/shed area.
 Additional work is planned for upgrade/improvement of the other houses in the designated area in 2022 with painting for all planned following the completion of the others works.
 Replacement of furniture is done as required and additional furniture needed to upgrade the houses and in line with the needs of the residents will be purchased on completion of the other scheduled works.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Additional information has been added to Personal Emergency Evacuation Plans (PEEP) to enhance the information captured to ensure the required support needs of all residents in the event of an emergency.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	21/09/2021
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Not Compliant	Orange	21/09/2021

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	30/09/2021

	event of fire, all persons in the designated centre and bringing them to safe locations.			
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