



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

## Issued by the Chief Inspector

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| Name of designated centre: | No.1 Heather Park                        |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Cork                                     |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 14 September 2021                        |
| Centre ID:                 | OSV-0005121                              |
| Fieldwork ID:              | MON-0029790                              |

## About the designated centre

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

No. 1 Heather Park provides planned short term breaks to children, both male and female, ranging in age from six to 18 years. The designated centre can accommodate a maximum of six children with intellectual disabilities and or autism at a time. Respite breaks, usually involving two overnight stays on an eight week rotation, are offered to children who attend schools under the patronage of the Brothers of Charity. It is also planned to offer daytime respite in the centre, whereby children would spend time there during the day but return to their family homes in the evening. Overnight stays are available after school hours on weekdays during the school term-time and operate full-time over weekends and school holidays. At the time of inspection the service was operating on a 12 night per fortnight basis. The centre is located in a rural area on the outskirts of Cork City. Two transport vehicles are available to support the children to attend school and participate in social activities. There is an after-school service operating in the same building as the designated centre. The centre is single-storey with large garden spaces to the front and rear of the building. There is also a sensory garden at the side of the building. The garden areas are secured by gates and there are electrical gates located at the entrance to the property. There are double doors in the middle of the centre that can be closed, if required. This facilitates the building to be subdivided into two areas. In one area there is a reception area, staff office, kitchen and dining area, a living room, multisensory room, two bathrooms and four children's bedrooms. In the other area there are two children's bedrooms, a kitchen, a dining and living area, a laundry room, medication room and two staff bedrooms, one with en-suite facilities. The staff skill-mix includes, social care leaders, nurses, social care workers and care assistants. At the time of this inspection children stayed in both areas of the building seven nights a fortnight and in one area only five nights a fortnight. There are a minimum of two staff on duty at any time in each area when children are staying there. There is one sleepover staff and one waking night staff allocated to each area. Additional staff can be rostered to work when the needs of children staying in the centre require this.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 2 |
|--|---|

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 14<br>September 2021 | 08:30hrs to<br>18:05hrs | Caitriona Twomey | Lead |

## What residents told us and what inspectors observed

From the time spent in the centre, the inspector noted that children received a high-quality and highly-personalised service from a dedicated and knowledgeable staff team. Some improvements were required to the premises and plans were in place to address these issues. Some documentation and risk assessments in the centre required review to ensure that they accurately reflected the current situation and service provided.

This was an unannounced inspection. On arrival, the inspector met with two staff who were in a car leaving the centre to bring a child to school. One staff member brought the inspector to the front gate where they met with another staff member. It was explained that the other two staff working in the centre were also preparing to bring a child to school. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection.

Later in the morning, the inspector met one of the social care leaders and the person in charge. The social care leader described the service currently provided in the centre and showed the inspector around the premises.

The centre has remained open throughout the COVID-19 pandemic, operating at a reduced capacity. Due to the layout of the building, it can be subdivided into two areas by closing a set of double doors. These doors are opened using fobs that staff carry with them. There are children's bedrooms, a kitchen and dining area, and at least one bathroom in each area. Currently, the centre provides overnight respite in both areas of the building seven nights a fortnight and in only one area five nights a fortnight. As part of the enhanced infection prevention and control measures in place, typically only one child stays in each area at a time. The only exceptions to this are when siblings access the service. While staff go between both areas of the building as required, the children do not. There are two staff allocated to each area when occupied. By night, each area is allocated one sleepover and one waking staff.

At the time of this inspection, the centre was providing respite services to 28 children. Previously, more children accessed the service. The person in charge explained that this reduction was due to a number of children finishing school and a reduced intake of new children during the COVID-19 pandemic. The majority of children who accessed the centre were nine years old or older.

The Health Information and Quality Authority (HIQA) had been informed of a recent flood in part of the centre. Maintenance works had been completed to address and safely re-open the centre after this event. On walking through the building it was noted that a ceiling area needed to be plastered and many walls required painting. This work was planned. The centre was decorated with brightly coloured decorative stickers in many rooms and other child-friendly equipment such as a mirror that incorporated an interactive toy. It was explained that, as much as was possible, the

items in bedrooms were tailored to the preferences and age of the child staying in them at the time. The inspector saw a variety of soft furnishings and equipment that was available to achieve this personalised experience for each child.

Each bedroom door had a small viewing window. While many of these had been fitted with a covering to provide privacy, this had been removed from two doors. Neither of these bedrooms was occupied at the time of this inspection. The social care leader confirmed that staff did not use these windows to check on the children and advised that the coverings would be replaced. It was also noted that some wall decorations had been removed. The inspector was informed that a child had removed these during a recent stay. It was planned that replacement decorations would be put up once the planned painting was completed. Both kitchens were well equipped and suitably furnished. It was noted that some kitchen furniture was in need of repair or replacement. Bathroom fittings in the centre also required repair or replacement. The person in charge informed the inspector that previously the plan was to upgrade one bathroom in September 2021 and upgrade another one at a later date. Following the recent flood it had been decided to do the works required to both bathrooms in the coming weeks.

There were enclosed garden areas to the front and back of the centre. There was also a sensory garden to the side of the building. The back garden was subdivided ensuring that children staying in either area had access to a safe outdoor space to play. The centre was equipped with a variety of play and sporting equipment. A second swing had recently been installed. The garden was bright and colourful with flowers, coloured garden furniture, ornaments and plant pots on display.

Due to the times of this inspection and the routines of the children staying at the time, the inspector had limited opportunities to meet with the children. The inspector overheard staff supporting one resident to leave the centre for school in the morning. This support was unhurried, respectful and appropriate to the child's assessed needs and age. In the evening, the inspector briefly met with the other child staying in the centre at the time. The child appeared very at ease and approached the inspector with a broad smile on their face. They responded positively to the support provided by staff and it was clear that they enjoyed a warm and positive relationship. Visual communication systems were in place in parts of the centre. These included the staff working in the centre on the day and also an individualised after-school routine. The supports on display were tailored to the needs of the children staying in the centre at any one time. It was evident that staff had followed the routine displayed for this child. It was also clear that staff planned activities in the centre in line with each child's personal preferences.

As part of this inspection, the inspector spoke in more detail with two staff who had been working in the centre for a number of years. Both staff were positive about the support provided to them by colleagues and management, and the culture that existed in the centre. When asked about any possible improvements, staff expressed a wish that more respite could be provided to the children and that when transitioning to adult services that the children and their families would experience less uncertainty about what, if any, future supports they would receive. Throughout the conversation it was clear that the children and their families' wellbeing was the

priority for staff. It was also evident that the systems in place such as each child having an allocated key worker, fortnightly team meetings and the practice whereby at least one staff member consistently worked with a child on each day of their stay, ensured that staff were very familiar with the children's support needs and were confident that they had the most up-to-date information to best support them in their roles.

In reviewing complaints in the centre, the inspector saw many documented compliments and expressions of gratitude from the families of the children who accessed the services of this centre. These included appreciation that the centre had remained open throughout the COVID-19 pandemic, praise for the approach and support of staff, expressions of how happy their children are in the centre and the reassurance this provided to their relatives, and appreciation for the supports provided outside of the overnight stays. Examples of additional supports provided to families included attending medical appointments, liaising with schools, children's future day services, pharmacies and other health professionals, and telephone contact throughout the pandemic. Feedback from families reviewed by the inspector included repeated expressions of disappointment that their child's time in the service had come to an end. The feedback was overwhelmingly positive with one relative describing the support provided by the service as life changing for their family.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Overall, good management systems and practices were in place. The provider adequately resourced and staffed the centre. Information was collected and used to improve the quality of the service provided. Management systems ensured that all audits and reviews, as required by the regulations, were completed.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. The person in charge had oversight of all aspects of service provision and knew each of the children and their support needs well. The person in charge had taken on a new role in the organisation in July 2021. As a result they were no longer based in the centre and no longer dedicated their entire working week to the person in charge role. At the time of this inspection, there was no person participating in the management of this centre. It was planned that one of the social care leaders would take on the role of person in charge once they had completed a management qualification. At that time the current person in charge would take on the role of person participating in management. The staff team were aware of the succession plan in place. It evident throughout the inspection that support and planning was in place to ensure a smooth transition to the future

management structure. In the interim, another regional manager had been identified to support the staff team, should it be required in the person in charge's absence.

An annual review and twice per year unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as is required by the regulations. There was evidence that the actions generated from these reports to drive quality improvement had been completed.

In the course of the inspection, the inspector met with a nurse who worked three days a week in the centre. The person in charge explained that a large part of this staff member's role was to support medication compliance in the centre. It was identified in consecutive annual reviews that there were a high number of medication errors in the centre. Through a review of documentation and discussion, it was clarified that many of these errors related to labelling errors that were identified by staff when medications were received into the centre. These issues were recorded as errors to support adherence to the medication management policy. There was evidence of support given to families in meeting the requirements of the medication policy and also of linking in with medical and pharmacy professionals. Regular audits were also completed regarding medication management practices in the centre. The findings of these audits were then discussed at the next scheduled staff team meeting to improve practice and share learning.

There was a consistent staff team in the centre. There was no evidence of staffing shortages. The person in charge explained that any identified gaps in the roster were filled with the existing staff team, which included some designated relief staff. Staff were receiving one-to-one supervision sessions and performance management meetings in line with the provider's policy. Staff meetings were scheduled fortnightly with staff rostered to attend. Staff expressed to the inspector that they felt comfortable raising any concerns they may have, including those related to the quality and safety of the support provided in the centre.

The inspector reviewed the complaints log in the centre. There were no complaints recorded in 2021 and one in 2020. There was a learning log completed for each complaint received and evidence that these had resulted in changes in practice in the centre. It was documented that efforts had been made to ensure that the children knew how to make complaints and a suggestion box had been installed in one of the living rooms. There had also been a discussion at a staff meeting about how non-verbal communicators may express dissatisfaction or a complaint with an aspect of the service provided.

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.



Judgment: Compliant

### Regulation 15: Staffing

The number, qualifications and skill-mix of the staff team was appropriate to the number and assessed needs of the children accessing the service and the layout of the designated centre. There was a planned and actual staff rota in place and evidence of a continuity of care and support for the children who stayed in the centre. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed all mandatory training. There was also evidence of other appropriate training being made available to the staff team. Staff supervision was completed in line with the provider's policy.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly-defined management structure in the centre. Management systems were in place to ensure the service provided was safe, consistent, appropriate to children's needs and monitored. An annual review and twice per year visits to assess the safety and quality of care and support provided in the centre had been completed, as is required by the regulations. Staff meetings were held regularly which facilitated staff to raise any concerns they may have about the quality of service provided in the centre. Staff feedback was also incorporated into the annual review and twice per year visit reports.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to reflect the recent changes to the person in charge's work practices and to ensure that the service provided was

accurately described, including changes made in light of the COVID-19 pandemic.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An effective complaints procedure was in place. Efforts had been made to ensure the procedure was accessible and appropriate to the children using this service.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided was maintained to an overall high standard. A review of documentation and the inspector's observations indicated that children's rights were promoted and that they enjoyed spending time in this centre. It was clear that children received a very personalised service that supported them to be involved in activities that they enjoyed while being kept safe. The scoring of risk assessments required review to ensure that they were reflective of the risk posed by identified hazards in the centre. As outlined in the first section of this report, some works were required to the premises.

The inspector reviewed the documentation and personal plans relating to a sample number of the children who attended the centre. An assessment of each child's needs had been completed and all care plans and documents developed as a result of these assessments had been recently reviewed. An assessment of each child's health was completed prior to their first stay in the centre and annually from that point on. Families were also asked to have their child's health reviewed annually by their general practitioner (GP).

In addition to an individual care plan, a respite recording pack was also developed for each child while staying in the centre. Prior to each stay, the child's key worker contacted their family to assess if there were any changes since the last visit or new information that staff needed to know to support the child during their stay. This information was included on the update form that was part of the recording pack. Following each stay, the pack was filed. On review by the inspector, it was identified that on some occasions information that was outlined on the update form was not included in the child's plan. The person in charge committed to reviewing these documents to ensure that all relevant information available was easily accessible to staff.

Personal plans with goals specific to respite had also been developed for each child. In some instances these goals were reviewed during each stay in the centre. In

others they were not, despite available opportunities to do so. It was not clearly documented how frequently these goals were to be reviewed.

Individual risk assessments had also been completed, as required, for each child. While these had been recently reviewed the scoring of some risks required review to ensure that it was reflective of the actual risk posed by the hazard identified. The person in charge demonstrated a commitment to reducing and removing, wherever possible, any restrictive practices used in the centre. This was a documented goal in the annual review. Where safeguarding concerns were identified, all relevant policies and procedures were followed. All staff had received up-to-date training in safeguarding both children and vulnerable adults.

As outlined in the opening section of this report, staff were very conscious of the uncertainty around future supports and services available to children once they finished school and were no longer eligible to access this service. The person in charge outlined the system currently in place whereby children and their families are provided with information about adult respite services in the September of their last school year. In addition, once identified, staff from this centre linked in with the day services or adult respite services to share relevant information to support the transition of children to adult services. The person in charge told the inspector that they had visited an adult centre to advise on any possible environmental challenges or changes that could be made to meet the individual's needs. Children's last stays in this centre were celebrated in a way that was meaningful to them.

There was a variety of food available in the centre and again this was also tailored to each child's individual preferences and dietary needs, where relevant. The inspector was told about the supports provided to one child to support their return to eating solid food. At the time these efforts began, this child had not eaten solid food in over two years. Through coordination and cooperation with the child's family, school and paediatrician, the staff team were able to reintroduce solid foods gradually to the point where this child now eats full meals independently in all settings.

The person in charge had facilitated a youth advocacy group in the centre to promote children's rights and provide another platform for children to have input into the running of the centre. The children who had participated in this group had recently finished school and were therefore no longer attending the service. The person in charge advised that, in discussion with the staff team, it was agreed that a group forum may not suit the children currently using the service. Instead it was planned to make more use of the 'exit forms' that children completed at the end of each stay in the centre and use these to inform practice and the organisation of the centre.

## Regulation 10: Communication

Children were supported at all times to communicate in line with their needs and

wishes. Staff were aware of each child's individual communication support needs.

Judgment: Compliant

### Regulation 11: Visits

As this was a respite service, children did not usually have visitors while staying in the centre. However, this was possible where requested. Due to the ongoing COVID-19 pandemic, there were specific guidelines in place to facilitate visitors if requested.

Judgment: Compliant

### Regulation 12: Personal possessions

Children had access to and retained control of their personal property and possessions while staying in the centre. There was adequate space and storage in each bedroom to store their belongings. Children could bring their own linen if they wished, otherwise freshly laundered items were available in the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

There were many opportunities for play in the centre. Toys and activities offered were personalised to each child's interests and abilities. The centre was also equipped with a variety of outdoor play equipment. Community-based activities were provided in line with children's preferences and interests. The inspector was informed of opportunities afforded to older children to spend time alone or (prior to the pandemic) with peers in the centre, for example, having a movie night in one of the living room areas. Children were supported to attend school throughout their time in the centre.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the needs of the children. While clean,

comfortable and decorated in a bright and homely manner, there were some maintenance issues that needed to be addressed. These included repair or upgrade to bathroom fittings, some wardrobes and other furniture, redecoration where items had been removed from walls and bedroom doors, and painting following recent maintenance works.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The kitchens in the centre were stocked with a variety of fresh and nutritious food. Suitable storage was available and choice was provided in line with children's preferences.

Judgment: Compliant

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

Support was provided to children as they transitioned to adult services.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk assessments required review to ensure they were reflective of the current hazards and the risks they posed.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Procedures had been adopted to ensure children were protected from healthcare-associated infections including COVID-19. A system of enhanced cleaning was in place and the centre was operating at a reduced capacity. Staff were observed taking their own temperatures, wearing masks, washing their hands regularly and using hand sanitiser. There was a COVID-19 contingency plan in place and evidence that it was adhered to by all working in the centre.

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| Judgment: Compliant  |
| <b>Regulation 29: Medicines and pharmaceutical services</b>  |
| Appropriate and suitable practices were in place in the centre regarding medication management. Staff liaised with children's pharmacists, as required.  |
| Judgment: Compliant  |
| <b>Regulation 5: Individual assessment and personal plan</b>   |
| Each child's health, personal and social care needs were assessed prior to admission and reviewed at regular intervals thereafter. Personal plans were in place and recently reviewed.   |
| Judgment: Compliant  |
| <b>Regulation 6: Health care</b>   |
| Healthcare was provided in line with children's assessed needs.  |
| Judgment: Compliant  |
| <b>Regulation 7: Positive behavioural support</b>  |
| Where required, plans were in place to support children whose behaviour could be challenging at times. All staff had received required training in this area. The person in charge demonstrated a commitment to reducing and removing, wherever possible, the use of restraints and other restrictive practices. |
| Judgment: Compliant  |
| <b>Regulation 8: Protection</b>  |
| Where safeguarding concerns were identified, all relevant procedures were followed.  |

All staff had received up-to-date training in safeguarding both children and vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Children were encouraged and supported to exercise choice and control during their stays in the centre. Following the dissolution of the advocacy group, management planned to use the feedback gathered in the exit forms completed at the end of each stay to inform both the supports provided to that specific child and wider practices in the service.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>  |                         |
| Regulation 14: Persons in charge  | Compliant               |
| Regulation 15: Staffing   | Compliant               |
| Regulation 16: Training and staff development                           | Compliant               |
| Regulation 23: Governance and management                                | Compliant               |
| Regulation 3: Statement of purpose                                      | Substantially compliant |
| Regulation 34: Complaints procedure                                     | Compliant               |
| <b>Quality and safety</b>   |                         |
| Regulation 10: Communication  | Compliant               |
| Regulation 11: Visits   | Compliant               |
| Regulation 12: Personal possessions                                     | Compliant               |
| Regulation 13: General welfare and development                          | Compliant               |
| Regulation 17: Premises   | Substantially compliant |
| Regulation 18: Food and nutrition                                       | Compliant               |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant               |
| Regulation 26: Risk management procedures                               | Substantially compliant |
| Regulation 27: Protection against infection                             | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                    | Compliant               |
| Regulation 5: Individual assessment and personal plan                   | Compliant               |
| Regulation 6: Health care   | Compliant               |
| Regulation 7: Positive behavioural support                              | Compliant               |
| Regulation 8: Protection  | Compliant               |
| Regulation 9: Residents' rights   | Compliant               |



# Compliance Plan for No.1 Heather Park OSV-0005121

Inspection ID: MON-0029790

Date of inspection: 14/09/2021

## 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                |
|--|-------------------------|
| Regulation 3: Statement of purpose   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will ensure that the statement of purpose is reviewed and updated to reflect recent changes in working arrangements of the Person in Charge, the changes necessary during COVID19 pandemic and to ensure that the service provided is accurately described.</p>  |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that a schedule of work has been agreed to address the upgrade to two bathroom, replastering as scheduled, redecoration where items had been removed from walls and bedroom doors, and painting following recent maintenance works. The purchasing of new furniture is currently in progress. These works will all be completed by the 28th January 2022. This timeframe is reflective of current backlog of works with building Contractors following COVID19 lockdowns.</p> |                         |
| Regulation 26: Risk management procedures  | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Provider and PIC will ensure that all risk assessments are review to ensure that scoring of the risks is reflective of the actual risk posed by the hazard identified. This will be completed by the 30 November 2021

## 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 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      | 28/01/2022               |
| 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. | Substantially Compliant | Yellow      | 30/11/2021               |
| Regulation 03(1)    | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.  | Substantially Compliant | Yellow      | 30/11/2021               |

