

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

## Issued by the Chief Inspector

Name of designated centre:	DC 14
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0005315
Fieldwork ID:	MON-0034778

## About the designated centre

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

DC14 is a designated centre operated by St John of Gods Kildare Services and consists of three houses located close to another in a big town in County Kildare. The centre is registered for 12 residents with a physical and or intellectual disability, both male and female. The designated centre is staffed by a person in charge, clinical nurse manager, social care leader, staff nurses, social care workers and healthcare workers. Residents have identified clinical supports from the provider such as psychology, occupational therapy and speech and language therapy.

**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 (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 22 May 2024	10:00hrs to 18:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre DC 14. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspection highlighted areas of good practice within the regulations and standards and noted improvements in governance and oversight of the designated centre, however improvements were required in relation to the providers policies and procedures, regulation 17 premises and regulation 28 fire procedures.

The designated centre is divided into three houses and has the capacity for a maximum of 12 residents, there was one vacancy in the centre on the day of the inspection. The centre supports both male and female residents with intellectual disabilities. The designated centre was located close to a small village. The designated centre had exclusive use of four vehicles in order to access the community, day service and activities of residents choice. The inspector visited all three houses that make up the designated centre during the course of the inspection and had the opportunity to meet with all residents. The inspector initially visited all houses when some residents were attending day service or social outings, therefore the inspector returned to each house during the course of the day in order to meet all residents and gain a greater understanding into the service provided. In addition, all residents completed the questionnaires in relation to support in the centre prior to the inspection. Residents received assistance from staff in completing the questionnaires. The information in these questionnaires presented that residents were happy in their home, that they felt they were assisted to take part in activities of their choice and that their home was free to have family and friends visit.

The centre was decorated in line with each residents tastes, each resident had their own bedroom and each of the houses had access to large garden area with garden furniture, with one garden equipped with a large greenhouse in which residents were growing a number of flowers and vegetables. Residents told the inspector that they greatly enjoy spending time in the green house and deciding what flowers they should grown throughout the year. The inspector identified a number of maintenance works in relation to the designated centre which will be discussed further under regulation 17 premises.

The inspector had the opportunity to speak to one family member during the course of the inspection. The family told the inspector that they were extremely happy with what they felt was the excellent care their loved one was in receipt of from the staff team. The family spoke about how their loved one enjoyed a number of activities both in the house and in the community. They also discussed with the inspector that the staff team were very aware of their loved ones specific needs identifying health

concerns at an early stage and always keeping the family up-to-date. The family told the inspector that they and the rest of their family were always welcomed into the centre and were part of parties and celebrations. The family member finished by telling the inspector that the centre was a beautiful home, the staff are kind and helpful and that they would not change a thing.

One resident gave the inspector a walk through of their home within the designated centre. The resident spoke to the inspector about their excitement that there would be a new resident moving into the centre in the coming days. The resident spoke to the inspector about how they had met the resident and were looking forward to making them feel very welcome in their new home. The resident along with their peers and staff members had made a welcome poster and had discussed that they wanted to arrange the residents favourite dinner for them. The resident also spoke about a recent bereavement to the centre and how all of the residents and staff missed their friend. The resident told the inspector that they felt very supported in the centre and that they could always talk to staff or their family if they were concerned. The resident told the inspector that they love extreme activities like going up in the air in a helicopter. The resident joked with the staff team that their next big event would be a parachute jump with the staff in the centre.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. One resident spoke to the inspector about the local rugby team that they had joined. The resident had attended a number of rugby games with their club including recent trips to Scotland and Galway. The resident told the inspector that they enjoy coming home in the afternoon to prepare dinner in the house and relax. The resident told the inspector they then like to attend a number of evening activities such as yoga, swimming, meeting friends or going to the local hub.

The inspector observed residents communication with staff using a wide range of communication aids and supports. The inspector met with one resident who was planning their choices for the day on their Ipad. The resident was going through a selection of choices with staff such as a shopping list as they had decided they wanted to get groceries for the house. The resident was also seen making choices around activities they would like to do during the day.

One resident spoke to the inspector about their love for movies, the resident told the inspector that they had a particular interest in police and detective movies. The resident told the inspector that they really love their home and the people that they live with. The resident told the inspector that they attend a local day service during the week and in the evening they like to go out for meals, shopping or relax in their home. The resident spoke to the inspector about their summer holiday plans and also their excitement to have a new resident in the house.

The inspector met one resident who required the assistance of staff with their communication needs. The resident had recently been given a trial of an eye gaze system which staff reported had been very successful, the staff informed the inspector that the speech and language department had done a series of training and support with the resident and staff and that funding had been approved for the

technology. The inspector observed the resident laughing and giggling at staffs interactions with both themselves and other residents in the designated centre.

Staff had received training in human rights and spoke to the inspector about how this had impacted the care that they provide for residents in the designated centre. One staff member discussed with the inspector the additional work they had completed to help a resident to fully understand all aspects of changes noted in their assessed needs and medical procedures that would be required. The staff member discussed the importance of the resident understanding their rights through out the process and the importance of education for residents when making informed decisions on their care.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that the governance and management arrangements in this designated centre were effective in ensuring that a safe and quality service was being delivered to residents. The provider had taken measures to address previous areas of non-compliance and, in particular, had strengthened the mechanisms to ensure effective oversight of this centre.

The centre had a clearly defined management structure, which identified lines of authority and accountability. Staff spoken with were aware of their roles and responsibilities and of how to escalate risks or concerns. Staff reported that management in the designated centre were responsive and that they felt well supported. The inspector also found evidence of staff advocating on behalf of residents through the providers complaints process with positive outcomes for residents.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

Staff had access to regular quality supervision. A review of supervision records

found that the content of supervision was thorough and was sufficient to meet the needs of the staff. There was a high level of mandatory and refresher training maintained for staff in the designated centre. The inspector found that all staff in the designated centre had completed training in Human Rights, the inspector found through discussion with residents and staff that this training was having a positive impact on everyday choices and the quality of life for residents.

The provider had systems in place to monitor and review the quality of services provided. These systems included a series of audits such as an annual review and six-monthly unannounced visits. The annual review was completed in consultation with staff, residents and resident representatives.

The provider had suitable arrangements in place for the management of complaints. There were no recent complaints in the designated centre. An accessible complaints procedure was available for residents in a prominent place in the centre. The inspector noted that the person in charge maintained and record of all complaints in the centre and their outcome.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The provider had identified that six of the 21 required policies required updating. The person in charge had provided the inspector with information in relation to the progress of the policies by the provider. However, the inspector found that a number of these polices had been outstanding for review since 2022.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications



and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other services, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. Staff had received additional training in Human Rights, supporting communication, diabetes and health and well being of the older person.

There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team in line with the providers policy.

Judgment: Compliant

### Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew

the registration of the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of residents. The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place in the centre and the provider had completed six-monthly reviews.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents. The provider had completed compatibility assessments prior to admission. The person in charge and staff team had completed a series of visits with a resident prior to admission ensuring that the visits were accessible and provided support to resident and their family.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format, with a visual guide on the stages of the complaints process. The inspector reviewed the complaints and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

The inspector found evidence that staff were advocating on behalf of residents and assisting residents to log complaints when required to the provider.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre. However, the inspector identified that six of the 21 required policies had not been updated in line with the time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Not compliant

#### Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector found areas of good practice in relation to communication supports, medication and risk management. However, improvements were required in relation to fire precautions and required maintenance work to the premises of all three houses in the designated centre.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces for residents to avail of. Each resident had their own bedroom which was decorated in line with individual tastes with family portraits and pictures of hobbies, holidays and sports teams on display. Residents had televisions and music players in their bedrooms. Each of the houses in the designated centre had access to an accessible garden which were equipped with garden furniture and activities residents enjoyed engaging with in warm weather. However, the inspector found that a number of outstanding works were required within each of the houses in the designated centre

as highlighted in regulation 17 premises.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents were supported to manage their finances as independently as possible with support in place for each resident who required assistance with financial management.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The Inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included bowling, rugby, cinema, weekends away, meeting friends and family. Residents also had a number of plans in place for holidays and milestone birthdays.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register, personal risk assessments for residents and incident recording logs. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. It was evident that staff had received training in relation to residents communication choices and assistive equipment, with the inspector observing support staff communicating with residents through multiple systems and assessed approaches.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. However, the inspector identified that improvements were required in relation to the documentation of fire drills within one house in the designated centre to clearly demonstrate the amount of time required for safe evacuation of residents. The provider had also identified that a gas boiler in one of the house in the designated centre required replacement as noted from a service completed in September of 2023.

Where required, positive behaviour support plans were developed for residents. Staff also completed relevant training in behaviour support to support residents in

this area. There was a small number of restrictive practices implemented for residents' safety and well-being. The use of the restrictions had been approved by the provider's oversight group, and were deemed to be least restrictive option.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas in the centre were in a good state of repair and clean. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff.

## Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Residents had a number of assistive equipment and technology application which further enhanced their communication. For example, one resident had eye gaze technology which was implemented at an early stage in order to offer resident increased choice in activities they like to participate in. The inspector found that staff had received training from the providers speech and language department and an external provider in order to ensure that the resident got the optimal benefit from the technology.

Residents had access to mobile phones, WIFI, multiple streaming and social connections to the wider community.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

The provider and person in charge had ensured that all residents had access to their

personal items.

Judgment: Compliant

### Regulation 17: Premises

There were a number of maintenance issues observed on the day of the inspection in the designated centre. The provider had identified outstanding work on the premises, however the inspector noted that no date had been set for the completion of work. All three houses within the designated centre required interior paint work. Outstanding work was also identified in relation to the requirement of a new boiler system for the house. On the day of the inspection the provider had no date agreed for essential boiler works despite the current boiler being un-certified during an annual service in September 2023.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place, Staff had attended appropriate training and were knowledgeable about infection control arrangements.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector reviewed the fire drills for each of the houses within the designated centre, however for one of the houses within the designated centre it was not clear how long it would take all residents to evacuate the designated centre in the event of a fire.

The provider had responded to changing needs of one resident which was impacting their ability to evacuate in the event of a fire. The provider had implemented additional staffing to further support identified resident with increased support needs. The provider had also identified this resident for a transition within the providers service which was awaiting changes to the premises to facilitate the residents needs. The person in charge and staff team were working with the resident and their representative in the transition planning process.

The service of a gas boiler in the one of the houses within the designated centre had been completed in September 2023. At the time of the service in September 2023 the gas boiler had been deemed un-certified by the registered engineer. The provider had set no date in place for the replacement of the boiler. The inspector acknowledges that by the end of the inspection the person in charge had requested and sought a date for the completion of the new boiler in August 2024.

The inspector carried out a manual check on all fire doors within the designated centre and found one fire door was not closing fully and an additional fire door was protruding at the bottom of the door.

The provider had completed a comprehensive fire assessment survey of the designated centre, the inspector observed that the provider had completed a business case in relation to the suite of works required for the centre. The person in charge was seeking regular update in regards to the outstanding works.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication and a form was stamped by the pharmacy. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with were knowledgeable regarding the procedures for the administration of medication. Medication audits were completed on a monthly basis, along with a review of any medication errors each month. Medication management

was discussed at staff meetings.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place provided a good level of detail to support staff in meeting the resident's intimate care needs. Staff had received training in safeguarding adults. Any potential safeguarding incidents had been appropriately investigated and managed.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff. Residents meetings were carried out in the designated centre, in these meetings residents discussed topics such as choice, rights, dinner options and discussions on the running of their home and 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for DC 14 OSV-0005315

Inspection ID: MON-0034778

Date of inspection: 22/05/2024

## 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 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Registered Provider will ensure that all policies and procedures are reviewed and updated in accordance with best practice by 30/09/2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will ensure that all communal areas that require painting will be painted – 30/09/2024</p> <p>The Registered Provider will ensure that the boiler that is no longer certified will be replaced with a new gas boiler – 30/09/2024</p> <p>The registered provider ensured that fire doors in one area with refitted and replaced – 30/06/2024</p> <p>The Registered Provider will ensure that identified fire door that was not closing properly will be fixed or replaced if needed – 30/07/2024</p>	

Regulation 28: Fire precautions	Not Compliant
<p data-bbox="172 208 1437 320">Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge ensured that a new fire drill was completed and all documentation re: Individual times for evacuation were included. – 20/05/2024</p> <p data-bbox="172 360 1437 432">The Registered Provider will ensure that the boiler that is no longer certified will be replaced with a new gas boiler – 30/09/2024</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	30/09/2024

	inconvenience to residents.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/09/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/09/2024
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	30/09/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Not Compliant	Orange	30/09/2024

	in accordance with best practice.			
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