



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

Issued by the Chief Inspector

| | |
|----------------------------|--|
| Name of designated centre: | St. John of God Kildare Services - DC 10 |
| Name of provider: | St John of God Community Services CLG |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 31 March 2023 |
| Centre ID: | OSV-0001462 |
| Fieldwork ID: | MON-0035974 |

About the designated centre

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

St. John of God Kildare Services - DC 10 is full time seven nights per week, year round residential service based in a large town in Co. Kildare. The designated centre consists of three houses in the community and can that accommodate up to 15 adults, both male and female, there are no more than five residents in any one location. The centre supports residents who present with mental health issues and intellectual disability.

Residents in this centre have access through a referral system for the following multi-disciplinary supports; psychology, psychiatry and social work. All other clinical supports are accessed through community based primary care with a referral from the individuals G.P. as the need arises. Staffing levels are based on the needs at each location. Some residents have the support of staff sleeping over; while other residents have the support of staff dropping in to their home to provide specific supports like assistance with cooking/sorting out domestic bills/support with safety checks. There is a social care leader responsible for each location; they work on a roster basis alongside social care workers.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 11 |
|--|----|

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 |
|----------------------|----------------------|-------------|------|
| Friday 31 March 2023 | 10:45hrs to 17:08hrs | Erin Clarke | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection completed over one day, and the inspector had the opportunity to visit two of the three houses in the designated centre, meet with three residents, two staff members and the person in charge. Most residents had gone to day services or other activities in the community. Therefore, the inspector only got to meet some of the residents living in the centre.

The centre is comprised of three houses in a busy Kildare suburb. The centre provides residential services for a maximum of 15 residents on a full-time basis. Each house can accommodate five residents, and on the day of inspection, there were four vacancies. Two of the houses in the centre are bungalows located next door to one another in a housing estate. The other house is a two-storey property in a neighbouring estate a short distance away. All three houses were very close to many amenities and services, including shops, cafés, parks, and public transport.

The person in charge accompanied the inspector on a walk-around of the two bungalows. On the previous inspection of the centre in September 2021 in both of these houses, maintenance works were underway. These works included upgrading a self-contained apartment in one of the houses to better accommodate a resident's needs. Painting had been completed in a number of areas, and fire safety works were underway. However, at the time of that inspection, additional works were required as escalated by staff. In one house, a damaged window presented as a security risk that the provider had not addressed promptly. On this inspection, a second security risk was observed by the inspector. This is discussed in more detail later in the report. While the two houses visited by the inspector overall met residents' needs, the continued and ongoing delays in the upkeep and maintenance of the properties were a health and safety risk to the residents.

The inspector spent some time with one resident who had a self-contained style apartment which led off from the hallway of one of the houses. They told the inspector they were happy with their home and spoke to the inspector about new residents that had moved into their house and the house next door. The inspector noted that there was the presence of mould in the apartment around the ceiling and door frames. The resident said it had been there for some time but had not been fixed yet.

The inspector met with a second resident who spoke to the inspector about the activities they liked doing. They said they really enjoyed going for coffee and to the cinema. They showed the inspector their bedroom and told them they picked out the colour for their walls and they said they were happy with the staff working in their home. Later in the day, the resident was preparing to leave the house with staff so they could buy Easter eggs for family members.

It was clear that residents were engaged in many meaningful activities in their day and enjoyed attending different day services and community clubs. Residents were

supported to attend various day programmes; some residents had chosen to attend structured day programmes on a part-time basis. Residents were supported by staff to participate in activities in their local community or at home on the days they have chosen not to attend structured day programmes. Residents also spoke to the inspector about going out for meals, the cinema, beauty treatments, shopping trips and swimming with the support of staff. Other residents attended such outings independently. Staffing levels were based on the needs of residents in each house; for instance, some residents had staff support at all times during the day, and at night time, the staffing arrangements provided 24/7 presence either by staff sleeping over or working live nights. Other residents only needed staff at specific times during the day and, therefore, only required drop-in staff supports.

As the two houses were largely unoccupied for a large part of the inspection, the inspector used this time to review relevant paperwork and to review the premises provided to get a sense of how residents were supported while in their homes. The inspector noted that some signs were on display relating to human rights, how to make a complaint and how to contact the Confidential Recipient. Signs and displays were also used to give residents information about the running of the centre. For example, there were whiteboards which detailed activities for the day while there were signs showing photographs of the staff members who were on duty that day. Numerous resident photographs were also on display throughout the centre.

The voice and opinions of residents were actively sought and captured by the provider in their annual review of the quality and safety of care within the centre. The annual review for 2022 was completed in December 2022. Residents were supported to complete a questionnaire to establish satisfaction levels with activities, mealtimes, rights, staff, access to areas within their home, and other care and supports received. The questionnaires noted that residents were supported to make their own choices and decisions, that they were treated with kindness and that they felt safe. Residents were positive regarding their day-to-day routines and ticked on the survey that they were provided with choices and were supported to go out for trips, visits and/or events. Residents were positive about the visiting arrangements in the centre and noted that they could see visitors in private if they wanted.

A further three residents took part in a focus group to further ascertain residents' views of the quality of their service provision. Residents told the facilitator that they all felt safe in their homes. One resident expressed her wish to visit her family more often. Residents felt that their rights were respected and were glad the pandemic restrictions were finished, as they found this time difficult. All residents said that staff explained things well to them, and they are happy with the information they receive and how it is given to them. All participants felt their health needs were well looked after and said they feel reassured by staff. Finally, residents said they were happy that they get on well with their housemates most of the time and that staff help if there is a disagreement. One resident said that they can sometimes become frustrated if staff do not seem to understand their speech. Another resident said they would like to secure a job in the community. Residents from the focus group identified that their main goals were to go on a holiday and go on more outings. Residents stated they were happy that staff were helping them plan these.

It was noted that all residents appeared content or happy with staff members present, including a member of the centre's management, engaging pleasantly and respectfully with the residents throughout.

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

Generally, the registered provider had ensured that the centre was resourced to deliver effective care and support to residents. However, as noted under the safety and quality regulations, there were some premises deficits and ineffective maintenance arrangements that the provider had failed to address.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff reported directly to the two social leaders who were based within the centre, and they, in turn, reported to the person in charge. The person in charge was also supported by the area programme manager. The programme manager and the person in charge both work full time, Monday through Friday. Staff could also contact a manager through the on-call service outside of normal working hours if required. There were good arrangements for the management team to meet and communicate. The person in charge and programme manager, along with the two social care leaders, had regular meetings as well as frequent informal communication.

The person in charge also prepared a monthly quality and safety report for the programme manager to support their oversight of the centre. The report provided information on a range of topics, such as feedback from residents' meetings, complaints and compliments, and safeguarding. The provider had completed an annual report on the quality and safety of care and support in the designated centre for 2022. This was made available to residents and their families. In addition, in 2022, two six-monthly reviews of the quality and safety of care and support provided to residents were carried out. Action plans, with appropriate time frames, had been put in place to follow up on any improvements needed.

The person in charge was suitably experienced, skilled and qualified to fulfil the role; they were responsible for a total of four designated centres. The provider had arrangements in place to ensure the person in charge maintained oversight of the current centre and was available to support residents and staff. For example, two social care leaders based in the three houses reported directly to the person in charge and carried out functions on behalf of the person in charge, such as local audits, staff supervision and staff meetings.

The staff skill mix in the centre consisted of social care workers. The person in charge was satisfied that the current skill mix and complement were appropriate to

the number and assessed needs of the residents. Residents also had access to multidisciplinary team services as required. The social care leaders maintained planned and actual rotas showing staff working in the centre. There were some vacancies which the provider was actively recruiting for. The inspector found the vacancies were well managed to minimise adverse impacts on residents.

Staff working in the centre completed training in a range of areas as part of their professional development and to support them in their delivery of appropriate care and support to residents. The social care leaders provided support and supervision to staff working in the centre. All permanent and relief staff working in the centre underwent a performance appraisal, and newer staff participated in an induction process. Staff also attended regular team meetings, which provided an opportunity for them to raise any concerns. The inspector viewed a sample of the recent staff team meetings, which reflected discussions on safeguarding, fire safety, medicine management, infection prevention and control, and training.

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard.

Judgment: Compliant

Regulation 15: Staffing

The staff skill mix in the centre consisted of social care workers. The person in charge was satisfied that the current skill mix and complement were appropriate to the number and assessed needs of the residents.

There was one part-time and one full-time staff vacancy. The part-time vacancy was due to be filled in the coming weeks, and the provider was actively recruiting for the full-time post. The vacancies were being filled by regular staff working additional hours and by relief staff. The person in charge was able to book familiar relief staff to support consistency of care for residents and minimise any impact on them.

In the evenings and at weekends, some residents liked to visit their families, and for other residents, they liked to go out shopping or for a meal, and these choices were facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records, which was provided by the person in charge. Staff had completed training in areas such as fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, and medicine management.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

In the absence of the person in charge, staff could contact the programme manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had implemented management systems to ensure that the centre was safe and consistently monitored. Annual reviews, six-monthly reports, and a suite of audits were carried out to assess the quality and safety of service provided in the centre. The person in charge monitored actions for improvement to track their progression on a quality enhancement plan (QEP). Actions on the QEP included actions from previous Health Information and Quality Authority (HIQA) inspections, six-month unannounced visits and internal audits.

Opinions raised by the residents were actioned and prioritised by the provider. Following the residents' focus group, the provider identified recommendations as directed by the residents. The provider requested that one resident's desire to secure a job in the community be explored through the Personal Outcome Measure (POMS) process. It was identified that communication passports should be reviewed to ensure they accurately reflect the types of communication best suited to the residents. These were to be discussed at staff meetings as a group to assist all staff in understanding residents' needs in relation to communication.

The inspector found that overall actions were progressed and completed where areas of improvement had been identified. This was evident in the opening section of the six-month unannounced visit report, where the actions from the previous visit were reviewed and analysed to determine if these had been completed, commenced

or delayed. While premises and fire safety issues were an ongoing concern and had not been fully completed since the previous inspection, these are addressed under Regulation 26: Risk Management, Regulation 17: Premises and Regulation 28: Fire Precautions.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern; there was an easy-to-read information poster displayed in communal areas of the designated centre, which included a photograph and details of the complaints officer.

The inspector observed that a recent complaint raised by residents in one house through the residents' meetings had been escalated to the programme manager for review and response.

Judgment: Compliant

Quality and safety

The service was led by a capable person in charge, supported by two social care leaders and a program manager, who were knowledgeable about the support needs of the residents. The inspector observed a staff culture in place that promoted and protected residents' rights and dignity through person-centred care and support. Although the provider had systems in place to oversee maintenance and premises issues, significant improvement was required to these systems, whereby, issues which were highlighted to the provider upon the previous inspection, were again found on this inspection.

Residents in the centre were supported to maintain good relationships with family and friends and had meaningful activities in their day. The staff were noted to have very good relationships with residents and treated them very respectfully. There was a friendly atmosphere in the centre, and the residents clearly led happy lives and received very person-centred care and support.

The centre was laid out to meet the needs of residents, and for the most part, all areas of the centre were accessible to residents. The exception to this was some fire exits and fire exits doors as discussed under Regulation 28: Fire Precautions. Where required, equipment was provided to support residents with any mobility needs. Additional gardening areas and gardening facilities were provided for both houses, and residents were involved in several gardening projects.

Following on from the last inspection, the provider had attended to a number of remedial and maintenance works that were required in the centre along with fire safety improvements. However, similarly, as part of the same walk-around, a number of re-decoration and maintenance works were again identified upon this inspection. Although the person in charge was aware of this and had red risk-rated maintenance delays, corrective action had not taken place by the provider to address the works required.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. In the sample of personal plans viewed by the inspector, where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. There was also evidence of input from health and social care professionals such as speech and language therapists, physiotherapists, and occupational therapists.

Some residents in the centre had safeguarding plans in place. There was evidence that these were regularly reviewed by the person in charge. Safeguarding arrangements were in place to mitigate and manage potential peer-to-peer safeguarding interactions amongst residents. These overall, proved to be effective and were kept under review. Safeguarding was discussed regularly at residents' meetings to increase residents' awareness and to support them to develop the skills needed for self-care and protection.

Regulation 13: General welfare and development

Residents had a wide variety of interests which they were encouraged to pursue. The residents made decisions about their daily lives and the activities they wished to engage in. The inspector found the service was very person-centred, and residents were encouraged to get out and about and meet friends and family. The residents went to football games, musicals, holidays, train journeys, music gigs and went out regularly for coffee and ice creams. The residents were regulars in their local shops, restaurants and community facilities.

Vehicles were provided at each location to support residents in going to day services or to go on social outings, depending on their own choices.

Judgment: Compliant

Regulation 17: Premises

Premises improvements were required, to ensure the houses were maintained to a good standard. The majority of premises issues identified had already been escalated by staff and the management team and documented in the provider's six-month unannounced visit.

- New flooring was required in some areas
- There was a presence of mould and a musty odour in one part of the centre
- There was an uneven surface in one driveway and damage to a wall
- New kitchen tops were requested in two houses

Judgment: Not compliant

Regulation 26: Risk management procedures

Although the provider had risk management systems in place, aspects of these required improvement to ensure more timely identification and response to specific risks in this centre. For example, although the provider had systems in place to monitor for risks pertaining to premises, the provider had failed to adequately respond to the specific risk of delays to the maintenance of the properties. It was known by the person in charge and management team that there had been significant delays in accessing and having required works approved and completed over the previous three years.

It had been identified in March 2022 that the doorbell of one house was not audible to staff in the office as it was not linked to that area of the house. This issue presented as a risk at the outset of the inspection and the provider was verbally issued an urgent action to address this safety deficit. The provider had completed this action over the weekend and by the next working day resulting in a formal urgent compliance not being issued in lieu of the works being completed. However, due to the length of time some premises works remained outstanding and also the risk this presented to residents this non-adherence to the regulations was being breached under both Regulation 17: Premises and Regulation 26: Risk Management.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector reviewed the fire containment measures in place for one inner bedroom. Two doors led from this bedroom, one into a living room and another door into a hallway that served as an emergency evacuation route to outside from the kitchen and staff office. Both of these doors were found to be defective and ineffective at preventing the spread of smoke in the event of a fire. One door had a broken self-closure and the door did not close properly. The second door leading out onto the evacuation route was a glass door and not fire-rated. This door also did not have a thumb-lock device. The inspector had actioned this issue on the previous inspection as it was observed that a fire door did not have an effective open and close device that could be easily accessed in the event of an emergency.

The inspector also noted from reviewing fire drill reports that the fire drills required review to ensure that residents were supported and informed on exiting through the nearest accessible fire exit. It was documented that residents with fire exit doors in their bedrooms were exiting to other areas in their home and not all fire exits were accessible to all residents. This posed some difficulties in the fire drills and safely evacuating all residents. For example, there was no ramp at one fire exit that a resident tried to use and the same resident also required support in opening another fire door to exit the building. A review of all fire evacuation routes in the centre based on the residents' needs was required.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to healthcare professionals and the ongoing monitoring of their healthcare needs. Residents had an annual review of their healthcare needs with their general practitioner (GP). Residents had access to a range of professionals such as a physiotherapist, optician, speech and language therapist, dentist and chiropodist. Regular reviews with allied healthcare professionals were facilitated, and healthcare plans were updated based on the recommendations made by professionals.

Recommended healthcare interventions were found to be implemented, for example, daily physiotherapy exercises and specific feeding, eating and drinking plans. Residents' healthcare needs were monitored on an ongoing basis, for example, scheduled blood tests were completed, and residents' weights were monitored as recommended.

Where residents displayed changes in baseline health indicators there was evidence these changes were identified and escalated by staff. For example, appointments were made with the residents' GP who made further referrals so that the health

concern could be investigated by specialists.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

While there had been an increase in incidents since the previous inspection, for the most part, they had been followed up appropriately and were in line with national policy and procedures and best practices. For a number of incidents, they were low-level incidents and it had been self-identified by the person in charge that these required further scrutiny for safeguarding implications which had been completed and retrospectively notified.

The inspector reviewed all safeguarding incidents with the person in charge during the inspection for follow-up and quality improvements. Where action was required it was seen that the person in charge had implemented appropriate safeguarding measures resulting in a reduction in the type and frequency of safeguarding incidents. These included additional staffing in the evenings and at night time, reorganising of living environments, compatibility assessments and additional support to staff where required. There was evidence that the oversight of safeguarding concerns was strong and the safeguarding plans were effective. This was demonstrated by one house having two resident vacancies for a long period of time due to specific compatibility requirements of any potential resident that may move to that house.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living in this centre received a service tailored to their individual needs. A review of documentation and the inspector's observations while in the centre indicated that residents' rights and independence were promoted.

The rights of residents were promoted in the centre, and residents participated in decisions about their care and support and about the organisation of the centre. The privacy and dignity of each resident was respected through practices in the centre, and the residents' choices formed the basis of the centre's day-to-day operation. For example, when residents were not attending day services, staff were on duty and

supported residents with social outings in the community.

Residents were involved in deciding on colour and furniture choices for their rooms. The centre was run in a way that respected the residents' privacy and dignity and promoted their choice of how they wished to live their day-to-day lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|---------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for St. John of God Kildare Services - DC 10 OSV-0001462

Inspection ID: MON-0035974

Date of inspection: 31/03/2023

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 17: Premises | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: 1. As of the 2nd of May 23 outstanding maintenance has being addressed by Services in house maintenance team. All maintenance outstanding over 28 days to be referred to in house maintenance team for completion 2. Outstanding maintenance identified in inspection will be completed by 30th June 2023. | |
| Regulation 26: Risk management procedures | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. As of the 2nd of May 23 outstanding maintenance has being addressed by the services in house maintenance team. All maintenance outstanding over 28 days will be referred to in house maintenance team for completion. On-going. 2. Outstanding maintenance identified in inspection will be completed by 30th June 2023. 3. Outstanding maintenance log maintained by PIC and reviewed monthly with Programme Manager, with onward referral to in house maintenance team to complete outstanding maintenance not addressed by Housing Provider. On-going. | |
| Regulation 28: Fire precautions | Not Compliant |

| | |
|--|--|
| | |
|--|--|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. Review of all Individual Evacuation Plans will be completed by 30th June 2023.
2. Fire Drills will be completed using different exit routes for each drill scheduled through 2023. Review of all fire drills for learning at monthly House Review meetings with SCL, Coordinator and Programme Manager. On-going.
3. Ramp to be installed at identified exit door by end 30th June 2023.
4. Thumb lock required on identified door during inspection will be installed by 31st of May 23.
5. In relation to Fire containment measures relating to fire doors, self-closures identified during the inspection, funding has been approved by HSE to complete works. Contractors are being engaged to install identified fire containment measures by 31st August 2023.

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. | Not Compliant | Orange | 30/06/2023 |
| 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 | Not Compliant | Orange | 30/06/2023 |

| | | | | |
|---------------------|--|---------------|--------|------------|
| | inconvenience to residents. | | | |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 01/04/2023 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 30/06/2024 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/08/2023 |