



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sylvan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0001485
Fieldwork ID:	MON-0043170

About the designated centre

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

Sylvan Services provides both residential and respite services for up to nine male and female residents aged over 18 years with a diagnosis of intellectual disability. Residents have various degrees of support needs, ranging from minimum to high, which may include co-morbidity. Sylvan Services comprises two houses in residential settings on the outskirts of a city. The houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches, which are comfortably furnished, have gardens, and meet the needs of residents. Staff are on duty both day and night in each house, to support these residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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
Tuesday 18 June 2024	08:45hrs to 14:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection, to assess the provider's overall compliance with the regulations, and to follow-up on the findings of the last inspection, which occurred in January 2024. The designated centre comprised of two houses, and due to the care and support needs of some of these residents, only one house was visited by the inspector, upon this inspection. The day was facilitated by the person in charge, the person participating in management, a team leader, and a staff member. The inspector also had the opportunity to briefly meet with four residents, before they left for their day services.

The previous inspection of this centre in January 2024, identified significant concerns around the provider's ability to ensure they had safe and suitable safeguarding arrangements, risk management systems, and governance and management arrangements, in this designated centre. Findings from that inspection, demonstrated poor recognition of, learning from, and response to, safeguarding and other risk related incidents, by the provider, which had resulted in very poor outcomes for some of these residents. Overall, that inspection found very poor oversight arrangements, had led to ineffective management and monitoring of the quality and safety of care in this centre.

Following this, the Chief Inspector of Social Services, issued a notice of proposed decision to cancel the registration of this centre, to the provider. In response, the provider submitted representation to the Chief Inspector, outlining how they intended to address the areas of concern. Since then, the provider had taken considerable action to address these issues, with this inspection identifying that many of these areas were significantly improved upon, resulting in a much safer, and better quality of service being delivered to these residents. The specific findings will be discussed in more detail, later on in the report.

Upon inspector's arrival to the centre, one of the residents opened the front door to greet her. Four residents were in this house getting ready to head out to their day service, with one already having left. One was on a respite stay, while the others lived full-time at the centre. There was warm and welcoming atmosphere in this house, with friendly banter between these residents and staff, as everyone went about their business. One resident was in the dining area having their breakfast, another was putting on their shoes, a resident was relaxing in the sitting room watching television, and another was getting their bits and pieces together, before they got ready to leave. These residents were observed to be very comfortable in the company of the two staff who were supporting them with their morning routines, with one resident joking with them about how well they looked, after having a hot towel shave the day before. Another resident showed the inspector their new glasses, which they had recently gotten, following an optical assessment. Each liked to live an active lifestyle, with one resident having just returned after a trip to visit a television soap set in England, as part of one of their identified goals. Others liked to eat out regularly, go to local discos, get away on hotel breaks, some

liked to go for drives, visit family members, help staff out with the weekly grocery shop, others had a keen interest in music, others liked to go for walks locally and then relax at home to watch television in comfort. Although these residents typically got on well together, this particular house was previously challenged with negative peer to peer interactions, some of which were of a safeguarding nature. As a result, two safeguarding plans, along with certain staff supervision arrangements, were required in this centre to maintain residents safe from further negative interactions with their peers.

Although this centre was registered for nine beds, only seven of these were occupied by residents at the time of this inspection. They were primarily assessed as requiring staff support in relation to safeguarding, some required positive behaviour support, some had identified personal safety risks, and many required a certain level of staff support to get out and about to do the things they enjoyed doing. In response to their assessed needs, some residents required one-to-one and sometimes two-to-one staff, and this level of staff support was consistently being provided to them. Others required specific staff supervision, and staff were assigned daily with this duty, to ensure this level of care was provided. Since the last inspection, the provider had increased the day-time staff support available in one of these houses, with three staff now rostered seven days a week, during these hours. Members of management, and staff who met with the inspector, each spoke highly of how much of a positive impact this had made, particularly with ensuring absolute adherence to the safeguarding and supervision arrangements that were needed in this centre, so as to keep residents safe. They also said it had a positive impact on social care, and in other general aspects of care and support, that these residents were assessed as requiring. Due to the assessed needs of the residents in the second house, there was also high staff support required there in order to maintain them safe, and to ensure they had the staff support they required to get out and about. This was also consistently provided, and maintained under regular review by local management.

Both houses were located a few kilometres from each other, within an urban area. Each resident had their own bedroom, there were multiple bathroom and toilets, and residents had communal access to kitchen and dining areas, sitting rooms, utility, staff office and outdoor garden areas. The house that was visited by the inspector, was a large two storey dwelling that provided both residential and respite care, to a maximum of six residents per night. Since the last inspection, this house was fitted with additional storage units, which was a positive outcome for residents who availed of respite, as they now could safely store their belongings, when they were not availing of the service. This house was spacious and clean, and in response to the optical care needs of one particular resident who lived there, the provider had recently revised the lighting in this centre, to ensure all areas of the house were bright enough for that resident. Residents' bedrooms were decorated according to their own personal taste, with some preferring very minimal furnishings, while others loved to use colour, decorative lighting, and soft furnishings to decorate their bedroom. In response to the failings found to safeguarding upon the last inspection, the provider reviewed the bedroom arrangements in this house, which resulted in one resident being relocated to a downstairs bedroom. Along with this resident being very happy with the move, this also had a profound impact on the

effectiveness of this centre's safeguarding arrangements, with no similar safeguarding concerns re-occurring since this re-configuration of bedrooms. The second house comprising of this designated centre, could provide residential care for up to three residents, with two residents living there at the time of this inspection. As earlier mentioned, this house was not visited by the inspector, due to the care and support needs of a resident. The last inspection identified significant resident safety risks in that house, that the provider had not appropriately responded to, which resulted in an immediate action being issued to the provider. Specific environmental control measures were since put in place by the provider, which had also resulted in no similar incidents relating to resident safety re-occurring, in that house.

Since the last inspection, there was a clear emphasis placed on increasing awareness among staff and local management, in relation to, more effective incident reporting, learning from, and responding to, any concerns relating to the safety and welfare of these residents. Staff who met with the inspector, spoke highly of the changes that the provider had made, and voiced how much better the service now operated, in order to meet the assessed needs of these residents. They also made reference to the quality of information being spoken about at their staff team meetings, and of how they were maintained informed, of any organisational changes occurring.

Overall, this inspection identified many good areas of practice, which were now in operation in this centre, that had a much better outcomes for the residents that availed of this service. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Within the provider's representation to the Chief Inspector's decision to issue a notice of proposed decision to cancel the registration of this centre, they outlined a number of actions that they intended to take, in order to improve quality and safety of care in this service. These actions included, the completion of additional staff training, external reviews of safeguarding systems, increased oversight arrangements, putting specific control measures in place in response to identified risks, and provision of better education and support for residents regarding safeguarding, all of which had satisfactorily been implemented. The areas of non-compliance previously identified upon the last inspection January 2024 had been addressed, with some minor improvements required to aspects of fire safety and risk management.

The person in charge held the overall responsibility for this centre, and was supported by a team leader in each house, to assist with the running and management of the service. They were aware of the actions outlined in the provider's representation to the Chief Inspector, and had maintained strong

oversight, in conjunction with their line manager, to ensure all improvements were maintained and sustained. Similarly, a team leader and staff member who met with the inspector, also were very aware of the actions that the provider had committed to doing, and spoke of how effective these had been in improving the care and support arrangements for residents.

Following on from the last inspection, day-time staff levels were increased to accommodate safeguarding and staff supervision arrangements, in accordance with residents' assessed needs. The provider was also maintaining regular review of night-time staffing levels, to ensure they promptly identified where any changes to current staffing levels, may be needed. There was a well-established staff team in place in this centre, with some new members of staff appointed in recent months. There was also increased emphasis on supporting staff development, with all staff having received refresher training, relating to key areas of service.

In recent months, there were better oversight and monitoring systems put in place by the provider, to ensure improved communication between staff, local and senior management, about specific issues relating to this centre. Additional meetings were happening between members of local and senior management, with designated officers and the provider's quality department, which had made considerable improvement to monitoring this service, particularly in relation to the provider's oversight of safeguarding arrangements. Since the provider responded to the specific risks that were impacting the care and welfare of residents in this centre, no further incidents of a similar nature had re-occurred. However, the provider had ensured that there continued to be an increased awareness, and emphasis placed on ensuring better reporting of such incidents, and response to them, so as to maintain a high standard of safe and suitable service, for these residents.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily provided all information required, to apply to the Chief Inspector, to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. They were supported in their role by two team leaders, their staff team and line manager, in the running and oversight of this service. They had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which they

were responsible for, which gave them the capacity to fulfill their managerial role within this service.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, the provider had put better arrangements in place, to ensure the staffing arrangement for this centre was subject to more frequent review. New staff had been recruited to this service, which provided a more consistent staff team to this service, resulting in much less reliance on the use of relief staff. Staffing levels were increased during day-time hours, and there was a clear staff roster in place which demonstrated this. The staffing arrangement was maintained under very regular review by the person in charge and their line manager, who were cognisant of the importance of sustaining this improvement to this aspect of service.

Judgment: Compliant

Regulation 16: Training and staff development

Following the last inspection, the provider had ensured all staff availed of refresher training in key areas of service, to include, incident reporting, risk management and safeguarding. All staff were provided with the training they required to carry out their roles and responsibilities, and refresher training was scheduled for them when required. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had made significant improvement to the governance and management arrangements, which had a positive impact on fundamental oversight arrangements. Internal communication structures were more robust, and focused more on discussing and reviewing, the specific care and support needs relating to this service. Staff team meetings were regular, and records of minutes reviewed by the inspector, demonstrated a vast number of areas were discussed with staff, to include resident care, incident management, safeguarding, and any operational changes. Members of local and senior management, now also met regularly with the provider's quality department, and also with designated officer for safeguarding, to

oversee all safeguarding arrangements within this centre. Resource management was kept under regular review also, which had resulted in increased staffing levels being provided to this service. The person in charge and their line manager were in frequent contact with each other about operational matters and were cognisant to escalate any concerns they had, directly with the provider. Prior to this inspection, the provider had completed a six monthly provider-led visit, and members of local management were awaiting the report from this visit to be made available to them.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in this centre, which contained all information required within Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection, the provider had improved the arrangements in this centre for the reporting, review, response and monitoring of any incidents which had occurred. The person in charge also ensured that better arrangements were put in place, to ensure all incidents were notified to the Chief Inspector, in accordance with the regulations.

Judgment: Compliant

Quality and safety

Following on from the last inspection, the provider responded to specific risk and safeguarding concerns that were relating to this centre, which resulted in a safer, and better monitored service, for residents. There was a marked improvement noted in relation to the oversight and communication of, any concerns relating to residents' assessed needs, and there was also better education and support provided to residents, especially in the area of safeguarding.

Following the concerns that raised upon the last inspection, a significant focus was placed on improving safeguarding arrangements for this centre. There was better response to negative peer-to-peer incidents, and to identified safeguarding concerns. Additional meetings were put in place to oversee safeguarding in this

centre, and staff had begun a specific chat forum with residents, to discuss certain aspects of safeguarding with them. Safeguarding was also a key topic of discussion both at daily handover, and at staff meetings. A few months prior to this inspection, the provider also appointed external persons to review the organisation's safeguarding arrangements, and were awaiting the outcome of that review. There was also a revision of the organisation's policy on safeguarding completed, and this was near roll-out to all staff, at the time of this inspection. Since these actions were taken by the provider to improve safeguarding arrangements, this centre had not experienced any further safeguarding incident.

A similar positive finding was also identified to risk management. There was better recognition of risk, and response from the provider, to ensure control measures were put in place to keep residents safe. Following the issuing of an immediate action to the provider upon the last inspection, they put environmental control measures into one house, in response to an identified risk to residents that lived in that house. Since these were implemented, no further incidents relating to these residents' safety had re-occurred. While much improvement was observed to this aspect of service, there was still some improvement required to the centre's risk register, to ensure it better supported the person in charge, in their on-going monitoring of risk in this centre.

The re-assessment of residents' needs was an integral aspect of residents' care in this centre, and residents' needs were maintained under very regular review. Personal goal setting was very much encouraged with all residents, and staff were vigilant in ensuring the residents received support to achieve their chosen goals. With regards to fire safety, there were some issues identified upon the last inspection relating to the access and egress of a fire exit, which had since been addressed by the provider. Fire drills were occurring on a regular basis, and the provider was responsive to any issues that were identified as part of these drills. Although staff were clear on what to do, if a fire occurred, this inspection did identify that further review of a resident's evacuation arrangement, along with a review of the fire procedure for the centre, was required.

Although there were some areas identified as requiring improvement upon this inspection, there was an overall vast improvement found to many key aspects of service, in comparison to the findings of the last inspection. The provider had committed to a number of improvements and ensured these were made, maintained and sustained over the past number of months. This had resulted in better, safer and more consistent care being provided to these residents, which was being more effectively monitored by those with the overall responsibility for this service.

Regulation 17: Premises

The centre comprised of two houses, located within a few kilometres from each other. Each resident had their own bedroom, bathrooms and toilets, and communal use of kitchen and dining areas, sitting rooms, staff office, utility and outdoor

garden areas. In recent months, the provider had revised their maintenance system for the organisation, which was resulting in more timely response, and rectification of maintenance issues. Overall, the centre was clean, spacious and comfortably furnished. The inspector did observe where some redecoration works were required to one of these houses, along with some improvement required to the back entrance area. These were improvements that were already acknowledged by local management, who were awaiting response back from the provider in relation to these works.

Judgment: Compliant

Regulation 20: Information for residents

There was a Residents' Guide in this centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Since the last inspection, the provider had significantly improved the risk management arrangements for this centre. All staff had received refresher training in risk and incident management, and there was also better awareness and recognition of the response required, when new risk was identified. Risk and incident management was discussed regularly with staff, and implementation of specific measures was overseen by local management.

However, there was some improvement still required to the assessment of organisational risks. For example, there was a specific risk register in place for each house, and although there was evidence to suggest that these documents were maintained under regular review, improvement was required to ensure they were more relevant to the specific hazards identified, and control measures put in place by the provider. For example, with regards to specific risks relating to fire safety, staffing, and safeguarding, better information and clarity was required within the associated risk assessments, to ensure they clearly identified what the specific risks relating to each of these areas that required addressing, and the particular measures that were put in place by the provider to mitigate against these.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place, to include, fire detection and containment systems, fire safety checks were regularly occurring, all fire exits were maintained clear, and all staff had up-to-date training in fire safety. Fire drills were regularly occurring, and records of the last five drills were reviewed by the inspector, and assured that staff could support these residents to evacuate the centre. However, a fire drill completed a number of months prior to this inspection, resulted in a resident refusing to evacuate. Following this, the provider put a number of measures in place, and carried out multiple further fire drills, which had been effective in supporting this resident's evacuation arrangements. However, the residents' personal evacuation plan had not been updated to guide staff on what to do, should an occasion again arise, where this resident refuses to evacuate. Furthermore, although there was a fire procedure available at this centre, it also required further review to ensure it gave better clarity on what staff were to do, should a fire occur.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had clear arrangements in place, to ensure these residents' needs were assessed for on a regular basis, and that clear personal plans were put in place to guide staff on how to support them. Personal goal setting was also completed with all residents, and staff ensured they were supported to work towards achieving their personal goals.

There was good response observed to the changing needs of residents, and also to information gathered from incidents that residents were involved in. For example, for one resident, in response to a number of behavioural related incidents that had occurred, the provider made the decision to increase the staff support and supervision for this resident. This arrangement was consistently provided, and at the time of this inspection, the provider was in the process of revising this resident's assessment of need, to ensure it gave consideration to their new staff support arrangement, so as to inform the ongoing assessment, personal planning and monitoring of their care and support needs.

Judgment: Compliant

Regulation 6: Health care

The provider had adequate arrangements in place to meet the assessed health care needs of these residents. Better arrangements had been put in place with regards to the accessibility of multi-disciplinary supports, and this was working well in this

centre. Residents were supported by staff to attend medical appointments, and any changes to their care was well-documented and communicated to all staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had adequate arrangements in place to support residents who were assessed as requiring positive behaviour support. These residents had clear behaviour support plans in place, which were reviewed regularly with the input of a behaviour support specialist. Where behavioural incidents occurred, these were recorded and used to inform residents' reviews. Where restrictive practices were in use, these were also subject to on-going review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

Following on from the last inspection, the provider took significant action to improve the safeguarding arrangements in place in this centre. They responded to specific safeguarding issues in this centre, and put better control measures in place, which resulted in no further similar safeguarding incidents re-occurring. At the time of this inspection, there were two active safeguarding plans in place in response to incidents which had previously occurred. These plans gave clear guidance on what the specific safeguarding measures were, and staff were aware of these plans and of the importance of adhering to them. There was better oversight of safeguarding arrangements in this centre by local management, who met with their line management and designated officer to specifically review these on a regular basis. Senior management also held further oversight of these, through their meetings with the provider's quality department, which also reviewed this centre's specific safeguarding arrangements. Safeguarding was regularly discussed with residents and with staff, and all were very aware of what to do, should any further concerns relating to the safety and welfare of residents arise in this centre. Furthermore, since the last inspection, all staff had received refresher training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Since the last inspection of this centre, the provider put better arrangements in place to protect the rights and dignity of residents who availed of respite in this centre. Lockable storage was provided, which was used to safely and securely store residents' personal belongings, when they were not availing of respite. This was now fully operational, and was a welcomed addition to the centre.

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	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Sylvan Services OSV-0001485

Inspection ID: MON-0043170

Date of inspection: 18/06/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk register and associated risk assessments have been reviewed and updated. This was completed 25/06/2024. The specifics risk assessments of Fire Safety, Staffing and Safeguarding clearly identify the risks and control measures to mitigate the risk in both services. This was completed 25/06/2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Residents Personal Evacuation Plan has been updated which contains clear guidance should the resident decline to evacuate. This was updated on 25/06/2024.</p> <p>The Centre Evacuation Plan has also been updated to ensure clarity to all residents and staff should a fire occur in the service. The evacuation of all residents is clearly directed in the Personal Evacuation Plans and supported by the Centre Evacuation Plan. This was completed 25/06/2024.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	25/06/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	25/06/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	25/06/2024

	prominent place and/or are readily available as appropriate in the designated centre.			
--	---	--	--	--