



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

Issued by the Chief Inspector

Name of designated centre:	Boyne Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0037951

About the designated centre

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

This is a service providing full-time residential care and support to ten adults (both male and female) with disabilities. The centre comprises of two houses in close proximity to each other in Co. Louth and is in close proximity to large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema, bowling and health clubs. Both houses are two-storey dwellings and each resident has their own private bedroom (some en suite). Residents' bedrooms are decorated to their individual style and preference. Communal facilities include large well equipped kitchens with dining spaces, spacious sitting rooms, utility facilities, a TV room, adequate storage space and well maintained gardens to the rear and front of both properties. There is also adequate private and on street parking available. Systems in place to ensure that the assessed social and healthcare needs of the residents are provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a house manager, nursing staff, a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 10 January 2024	10:55hrs to 16:35hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were nine residents living in the designated centre and the inspector met and spoke with six of them. Written feedback on the quality and safety of care from residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family member over the phone so as to get their feedback in the service.

The centre comprised of two detached two story houses in close proximity to each other, and situated in a large town in Co. Louth. Both houses had garden areas to the front and rear of the properties for residents to avail of in times of good weather.

On arrival to the first house the inspector observed that it was clean, warm and welcoming. One resident was having their breakfast, some were still in bed and one was attending their day service.

The house manager explained to the inspector that some of the residents in this house had retired and took life at their own pace. They chose their own daily routines and enjoyed activities such as hotel and spa breaks, attending concerts, taking trips to Belfast and Dublin on the train, getting their hair and nails done, going for drives and having a coffee out.

The inspector spoke with four of the residents at brief intervals over the course of day and all reported that they were happy living in their home. One resident was engaged in arts and crafts and this was a hobby they were very interested in. From a review of their person-centred plan the inspector observed that staff supported the resident to pursue this interest. For example, the resident had completed a course in art, had entered an art competition and had visited an art museum as part of their goals for 2023.

Another resident had a keen interest in farming/farm machinery/tractors and was also supported to pursue this interest. For example, staff ensured that the resident got to buy relevant magazines on a regular basis with updates on this topic. This resident invited the inspector to see their bedroom and it was observed to be decorated to their individual style and preference with their magazines on their locker and pictures of family members on display.

The centre had installed an elevator a number of years back so as to support residents in maintaining their independence. One resident who used the elevator independently, told the inspector that it supported their independence as they could bring their laundry basket from the first floor to the ground floor without having to

use the stairs, which meant they could manage their own laundry without support.

In this house staff were observed to support the residents with dignity and respect and the inspector noted that they had a professional, positive and friendly rapport with them. Residents were also observed to be relaxed around staff and enjoy their company. For example, one resident asked a staff member for a cup of tea and a biscuit and the staff member was observed to be very obliging and had a cup of tea and chat with the resident. Staff also ensured that the residents individual choices and preferences were respected. For example, the inspector heard a resident enquiring what was for tea and when staff told them what was on the menu, they also assured them they they could have something different if they wished.

The inspector met and spoke with two of the residents in the second house that comprised this centre. One resident was having a cup of tea and told the inspector that they were very happy in their home. Staff explained to the inspector that the resident had recently connected with family in England, had visited them last year and had plans to make another visit this year. Staff asked this resident would they like to show the inspector their bedroom and the resident declined. This decision was respected by the inspector.

The other resident communicated through a systems of pictures and audible symbols/pictures on their hand held computer. They sat with the inspector for some time going through some of their pictures. For example, they showed the inspector pictures of a holiday abroad they took with their family, pictures of them celebrating their birthday and pictures of them attending various social events and outings. The inspector observed that they appeared very happy and to be enjoying themselves in the pictures. The resident also used audible symbols/pictures to communicate to the inspector their favourite foods and drinks.

From viewing a sample of person-centred plans in this house the inspector observed that residents liked to be active and out and about in the community. For example, they liked to go to football matches, play basket ball, attend the gym, participate in aqua aerobics, go to pop concerts, attend the theatre and, holiday abroad and/or at home.

As with the first house, staff were also observed to interact with the residents in a professional, positive and person centred manner. Residents also enjoyed the company of staff and appeared very much at home in their house. The house was also observed to be warm, welcoming and homely and decorated to suit the individual style and preference of the residents.

Written feedback on the quality and safety of care from residents and family representatives was positive and complimentary. Residents reported they were happy with their home and accommodation. One wrote that it was their favourite place they ever lived. Residents also reported that they were happy with the menu options available to them, staff were familiar with their needs and they were happy with the visiting arrangements in place. Additionally, they reported that they chose their own daily routines, their privacy and dignity was respected and they had control over their own lives. Some residents also wrote that staff were nice, they

loved their home and had no complaints.

Family members reported that the service met with their expectations and they were very happy with the support and kindness shown to the residents. They also reported that they were very satisfied with the service provided with three of them stating that the service was excellent.

One family member was spoken with over the phone on the morning of this inspection. They reported that they were very happy with the service and also said it was excellent. They also said that their relative was very happy living in the house and that their independence was being promoted. The resident was very happy with their accommodation and prior to moving into the house, was supported with their family to decorate their room to their individual style and preference. The family member also reported that staff were very approachable and that they got on well with all of them. They also said that they can visit their relative when they wished, they could also face time them and that they had a very good social life living in the service. Additionally, they said that they had no complaints about the service, their relatives healthcare needs were being provided for, they felt the service was safe and that they couldn't have wished for a nicer house for their relative to live in.

While some issues were identified on this inspection pertaining to the premises in one of the houses, this was not impacting on the quality of care provided to the residents. At all times over the course of this inspection, the inspector observed staff supporting the residents in a professional, person-centred and caring manner. Their interactions with the residents were observed to be warm and friendly and residents were observed to be relaxed and comfortable in their homes. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from family representatives on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, the process of auditing the service required review.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The inspector spoke with both the person in charge and house manager over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care

and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from December 2023 indicated that there were generally sufficient staff on duty to meet the needs of the residents as described by the house manager on the day of this inspection. It was observed that on occasion in one of the houses, the service had to operate with a deficit of one staff member (due to unforeseen staff absences) however, the person in charge explained that this was a rare occurrence, there were always familiar staff on duty and a management on call system was available to staff if needed.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, basic life saving and safe administration of medications. It was observed that one staff member required refresher training in basic life saving techniques however, the inspector saw evidence that this staff member was scheduled to attend this training in the near future.

Admissions to the centre was in line with the statement of purpose and one resident who moved into the service in 2023 was provided an opportunity (along with a family member) to visit the centre on a number of occasions to meet with the residents and staff prior to moving in.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 (the annual review for 2023 was not due for completion until the end of January 2023) and, a six-monthly unannounced visit to the centre had been carried out in August 2023. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner. However, this process required review as some of the issues highlighted in the audits/quality enhancement plan were not being addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge was aware of their legal remit and responsibilities to the Regulations. They were also found to be responsive to the inspection process and aware of the assessed needs of the residents living in this service.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from December 2023 indicated that there were generally sufficient staff on duty to meet the needs of the residents as described by the house manager on the day of this inspection.

In one house there were three staff on each day and one waking night staff.

In the other house there were two staff on each day and one waking night staff.

It was observed that on occasion in one of the houses, the service had to operate with a deficit of one staff member (due to unforeseen staff absences) however, the person in charge explained that this was a rare occurrence and there were a number of control measures in place to mitigate any risk for example, there was always familiar staff on duty and a management on call system was available to staff if needed.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic life saving
- safe administration of medications
- Epilepsy and the administration of emergency medication
- infection prevention and control
- open disclosure
- Positive behavioral support

It was observed that one staff required refresher training in basic life saving techniques however, they were scheduled to attend this training in the near future.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to monitor and audit the service. An annual

review of the quality and safety of care had been completed for 2022 (the annual review for 2023 was not due for completion until the end of January 2023) and, a six-monthly unannounced visit to the centre had been carried out in August 2023. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified that

- a contract of care for one of the residents required updating
- a financial audit was required to be carried out on the service

These issues had been addressed at the time of this inspection.

The inspector observed that the person in charge and house manager had a significant remit as they were managing four designated centres comprising of five separate houses. The person in charge usually had the support of two house managers however, one had recently retired and had yet to be replaced. However, the person in charge informed the inspector that the service was advertising for a replacement on Friday January 12, 2024.

It was observed that the auditing process required review as some of the issues highlighted in this process were not being addressed in a timely manner. For example, the auditing process identified issues to do with the premises in one of the houses as far back as July 2023 however, at the time of this inspection, some of these issues had not been resolved and remained ongoing.

This was further discussed and actioned under Regulation 17: Premises

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre was in line with the statement of purpose and one resident who moved into the service in 2023 was provided an opportunity (along with a family member) to visit the centre on a number of occasions to meet with the residents and staff prior to moving in.

Additionally, a transition plan (All About Me Assessment) was developed with the resident and a family representative so as to ensure the service had all the required information on the resident and put supports in place so as to ensure their needs would be provided for. Communication and sensory assessments were also completed with the resident as was an assessment of their healthcare-related needs.

The person in charge said the resident and a family member were invited to visit the centre on a number of occasions prior to moving in so as to meet their fellow peers

and staff team.

Additionally, the resident along with family support decorated their to their individual style and preference prior to moving in house.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge/house manager was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, issues were found with the maintenance and upkeep of one of the houses that comprised this service.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. They were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident

had a number of healthcare-related plans in place so as to inform and guide practice.

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans where required were also in place which guided staff on how to provide person-centred care to residents that required support with communication issues.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was two open safeguarding plan in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home. Both houses were also found to be clean, warm and welcoming on the day of this inspection however, a number of issues were identified with the upkeep and maintenance of one of the houses that comprised this centre.

Regulation 10: Communication

Residents were supported with their communication needs and were assisted to communicate in accordance with their needs and wishes.

Staff were also aware of the individual communication supports of the residents.

Additionally, residents had access to a telephone and other media such as television and radio.

Residents were also supported to use assistive technology such as hand held computers and mobile devices to support their communication needs and preferences

Judgment: Compliant

Regulation 17: Premises

Both houses were found to be clean, warm and welcoming on the day of this inspection however, a number of issues were identified with the upkeep and maintenance of one of the houses to include:

- some parts of the house required painting
- one of the bathrooms required upgrading (the inspector also observed that the bath was also discoloured in this bathroom)
- the veneer was damaged in one of the bathrooms
- the shower tray in an ensuite bathroom required replacing
- the floor in the utility room required attention
- the hand rails on the ramps to the front and rear of the property required attention as they were in a poor state of repair

Some of these issues had been identified in the auditing process as far back as July 2023 however, they had not been addressed and remained ongoing at the time of this inspection.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to falls was identified, the following control measures were in place

- staff had training in manual handling
- support from provided from both an occupational therapist and physiotherapist
- ramps were provided for
- specialised equipment such as hip protectors and a handling belt were provided for

The inspector also observed that one of the residents could be at risk of choking and a plan of care written up by a speech and language therapist prescribed that this resident should be supervised by staff at all times during meals. The inspector observed staff providing support to the resident while they were having their

breakfast and lunch.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, and emergency lighting/signage in both houses. Equipment was also being serviced as required by the regulations. Staff completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, residents were supported to go on holiday/hotel breaks as part of their person-centred plans. Residents were also supported to attend concerts, go shopping, go for drives, walks and keep in regular contact with family members.

Some residents also liked to visit salt caves, participate in charity events, attend various clubs, go to the cinema, go bowling and have dinner out.

From reviewing a sample of person centred plans, the inspector saw that residents were being supported to identify and work towards goals for the coming year ahead.

Additionally, one family member reported that their relative had a very good social life living in this service and on the day of this unannounced inspection, a number of residents were on a trip to a funfair in Dublin city.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as

required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- dentist
- optician
- speech and language
- occupational therapy

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

It was observed that the way in which the service recorded how they supported 'mens health' and 'women's health' required review as parts of this section of the residents healthcare plans was not filled and/or required updating. When this was brought to the attention of the person in charge they said they would review and address this issue.

Notwithstanding, residents had as required access to a clinical nurse specialist in health promotion and had as required access to GP services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to a residents that required support regarding their style of communicating. The inspector observed staff communicating with one of the residents using assistive technology and based on their assessed needs. Staff were also warm, kind and caring in their interactions with this resident.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and

where or if required, safeguarding plans were in place. At the time of this inspection there were two open safeguarding plan in place for one of the residents. The issues in question has been reported to the national safeguarding team and the Health Information and Quality Authority (HIQA) and a number of measures had been taken to ensure the residents safety. However, the person in charge assured the inspector that there was no cause for concern regarding these issues.

The inspector also noted the following:

- staff had training in safeguarding of vulnerable adults and open disclosure
- information on how to contact independent advocacy was available in the centre
- there were no open complaints on file for 2023
- information on how to respond to a safeguarding concern was on display in the centre
- easy to read information on the 'right to complain' was available in the service

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by the management and staff team

In one of the houses residents liked to take their day at a leisurely pace whereas in the other house, residents liked to be more active. Staff were respectful of this and supported residents to choose their daily routines and engage in activities that they liked and enjoyed.

Consent was also sought from residents regarding any intervention proposed that may impact on their lives.

Feedback from residents on the quality and safety of care also informed that they felt their individual choices and decisions were respected by staff.

An equality and human rights committee was also in place in this service and could be accessed for support and advice where any issue to do with rights/rights restrictions was identified.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Boyne Lodge OSV-0002996

Inspection ID: MON-0037951

Date of inspection: 10/01/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>SMART time frames will be established with PPIM on items that are identified through the various Audit processes. All actions will be managed and monitored through the Designated Centre's Quality Enhancement Plan.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The maintenance works identified in the QEP & highlighted in this report have been scheduled with the maintenance dept.</p> <p>30/05/24</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 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	30/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2024