



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

Issued by the Chief Inspector

Name of designated centre:	Angels Quest
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	09 December 2021
Centre ID:	OSV-0003576
Fieldwork ID:	MON-0027387

About the designated centre

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

The designated centre is located on a disability services campus in South County Dublin and provides weekend respite service and after-school supports. The centre is comprised of a purpose built one-storey building and contains eight individualised bedrooms, a large dining room, a large sitting room which also acts as a playroom, a kitchen area, a utility space, two staff offices, a number of toilets and shower/bathrooms, and storerooms. Exterior spaces included a storage facility, a large garden space, and a playground area. There is a staff team of nurses, social care workers and care assistants employed in the centre who are supported in their roles by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	10:00 am to 6:00 pm	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite stay at the designated centre.

The designated centre provides a respite service for two to five residents (children and young adults) at any one time. The service is provided during Monday to Thursday afternoons and at weekends from Friday afternoons until Monday mornings. Admissions are based on individual assessed needs including matching the needs of a particular group of children/young adults at any one time. The respite allocations are planned by the person in charge in consultation with the staff team and using a compatibility matrix tool.

On review of the respite allocations during 2021, for the most part, the numbers of residents availing of the respite service at any one time, was two. The person in charge advised that the low numbers per break mitigated the risk of compatibility issues between residents and allowed for residents to enjoy a respite break that met their needs on a one to one basis.

On the day of the inspection, there were two respite residents availing of the service for four hours in the afternoon. The inspector got the opportunity to meet with both residents who had spend their morning in school. As much as possible, engagement between the inspector and the residents took place from a two metre distance and wearing the appropriate personal protective equipment in adherence with national guidance.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. Residents were supported to use electronic devices to communicate their needs and wishes to staff.

A small number of health information and quality authority (HIQA) 'resident questionnaires' had been completed by family members. Overall, the feedback from the questionnaires was very positive. The questionnaires relayed that residents were happy with the service provided to them during their stay including their accommodations, meals, the amount of choice they had during their stay, activities and the care and support provided by staff. All families were aware of how to make a complaint should they need to and where one family had made a complaint, they noted that it was dealt with very efficiently and effectively.

The person in charge showed the inspector around the premises of the designated centre. Overall, the centre was found to be welcoming with brightly coloured age

appropriate murals on the walls through-out the centre. There were many child and young person friendly toys, games and puzzles available to residents during their stay. There was a large dining room area where residents could eat their meals however, the dining furniture was observed to be similar to office type furniture and took away from the homeliness of the room. The flooring through out the centre was clinical in nature, which also took away from the homeliness of the premises. In addition, sections of the flooring required repair work, with insulating tape covering patches that needed repair. Residents' bedroom were large and airy and also included an array of murals on the walls. A number of rooms needed some maintenance and upkeep to ensure they could be effectively cleaned to mitigated any risk of spread of infection. One of the rooms in the centre was set up as a sensory room which included a bubble tube, fibre optic lighting and a projector. However, to allow for a more enhanced sensory experience, some improvements were needed to the upkeep of the room. Outside there was a large specially adapted playground adjacent to the centre which many of the residents enjoyed using during their stay.

In summary, the inspector found that overall, the well-being and welfare of the residents availing of the service was maintained to a good standard. There was a person-centred culture within the designated centre and for the most part, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that residents' choices and wishes were met during their respite stay.

However, a number of improvements to the upkeep of the premises was needed including other safety matters which are addressed in the next two sections of the report. These sections present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident staying in the centre.

Capacity and capability

Overall, a good quality, person-centred service was being provided to the residents availing of the respite service in the designated centre. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by the operations manager, who were knowledgeable about the support needs of the respite residents availing of the service. There was a significant improvement in the level of compliance since the last inspection and actions from the previous

inspection had been completed. On the day of the inspection, the inspector found that some improvements were required to the areas of staffing, training, fire safety management systems and premises.

The provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was safe, appropriate to their individual needs and effectively monitored. The provider had completed an annual report for 2020 of the quality and safety of care and support in the designated centre. In May 2021, the centre's management had carried out a six month unannounced visit to the centre. A written report was completed on the safety and quality of care and support provided in the centre and a plan was put in place to address any concerns regarding the standard of care and support. On the day of the inspection, the person in charge had completed most of the actions. There was a comprehensive local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. In addition, team meetings were taking place on a consistent basis which promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents

A new person in charge had commenced their role in the designated centre on May 2021. They divided their role between this centre and one other. 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 sufficient knowledge of the legislation and their statutory responsibilities and complied with the regulations and standards. The person in charge was familiar with the respite residents' needs and endeavoured to ensure that they were met in practice throughout their stay at the centre. Overall, the inspector found that the person in charge strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for the respite residents. Findings from an inspection in another designated centre, which the person in charge was also responsible for, had been reviewed and shared. For example, where matters relating to fire safety, infection control and staff rosters required improvement in the other centre, the learning was shared resulting in improvements for this centre.

There was a staff roster in place and it was maintained appropriately. The staff roster clearly identified the times worked by each person including when the person in charge worked in this designated centre and the other centre they were also responsible for. Two new staff members had been employed since September 2021 and a third new staff member was due to commence their role in January 2022. All new staff were provided with a robust induction which included information on the safety measures in place during the current health pandemic. However, the centre's roster demonstrated that there were a number of unplanned closures of the respite service in September and October 2021 which resulted in the cancellation of planned breaks for respite residents. This was due to insufficient numbers of staff employed in the centre during this period. This issues had previously been raised on the last inspection of the centre and although improvements in staffing levels had since occurred the inspector found, that, an overall review of staffing levels, retention and

contingencies was needed to mitigate the risk of future unplanned closures in the centre.

Staff who spoke with the inspector demonstrated good understanding of the respite residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents availing of the service. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the respite residents. On the day of the inspection, the inspector observed positive and caring interactions between the staff and residents.

The training needs of the staff were regularly monitored and addressed by the person in charge to ensure the delivery of a quality safe and effective service to the residents. For the most part, training provided to staff was up-to-date including refresher training. Good quality supervision one to one meetings, to support staff perform their duties to the best of their ability, were taking place and staff who spoke with the inspector advised that they found the meetings beneficial to their practice.

The complaints procedure in the centre was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service during their stay at the respite service. Since the last inspection, there had been improvements to the complaint procedures and actions from the last inspection, relating to complaints, were completed. On review of the complaints logs since the last inspection, the inspector found that complaints had been dealt with in line with the centre's policy and procedures and where actions were required, they had been followed up and satisfaction levels were recorded.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge divided their role between this centre and one other. 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. Staff informed the inspector that they felt supported by the person in charge and that they could approach them

at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

Two new staff members had been employed since September 2021 and a third new staff member was due to commence their role in January 2022. However, due to insufficient numbers of staff employed in the centre during September and October 2021, there were a number of unplanned closures of the respite service. The inspector found that an overall review of staffing levels, retention and contingencies was needed to mitigate the risk of future unplanned closures in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training needs of the staff were regularly monitored and addressed by the person in charge to ensure the delivery of a quality safe and effective service to the residents. For the most part, training provided to staff was up-to-date including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre and it was made available to the inspector on the day of inspection. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was safe, appropriate to their individual needs and effectively monitored. Where issues relating to resources were identified these have been addressed under Regulation 15.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations and had ensured that it was reviewed and revised when required and no less than an interval of one year.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure in the centre was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service during their stay at the respite service.

Judgment: Compliant

Quality and safety

The inspector found that overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite stay in the designated centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Overall, the care and support provided to respite residents was of good quality however, to ensure respite residents were availing of a service that was in a good state of decorative repair and safe at all times, some improvements were needed to the area of premises and fire safety.

On review of a sample of respite residents' personal plans, the inspector found that the plans were continuously developed and reviewed in consultation with the resident, relevant keyworker and where appropriate, the resident's parents and teachers. Residents' personal plans were reviewed on an annual basis or sooner if required. The reviews assessed the effectiveness of the plans and changing circumstances in the residents' lives. In addition, any updates or changes in residents' lives between one respite stay and the next, were gathered in advance of their arrival to the centre. Personal plans were updated to reflect changes and if required, supports put in place. Overall, the inspector found that residents' plans were person-centred and demonstrated that residents were facilitated to exercise choice across a range of activities and to have their choices and decisions respected throughout their respite stay at the centre.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where residents were provided with plans to support their behaviours, they provided clear guidance to staff when supporting the residents and were updated when required.

There were a number of physical and environmental restrictions used in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. All restrictive practices were logged on each use and supported by appropriate risk assessments which were reviewed on a regular basis.

The person in charge and staff facilitated a supportive environment which enabled residents feel safe and protected from all forms of abuse during their respite stay. All staff had received training in child protection and safeguarding. Respite residents were appropriately protected and safeguarded from experiencing abuse in the centre. On speaking with a number of the staff, the inspector found that they were aware of what constituted abuse and actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. The inspector observed staff to treat the residents with respect and personal care practices included in residents' personal plans, regarded their privacy and dignity. Where incidents occurred, they were followed up appropriately by the person in charge and the director of operations and where required, safeguarding plans were

put in place and external services were contacted in line with the appropriate policy and procedures in place.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed the house to be clean and reviewed cleaning records which demonstrated that a high level of adherence to cleaning schedules was taking place. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

There were satisfactory contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents, a Covid-19 response plan and protocols relating to the management of COVID-19 including risk assessments and checklists. The person in charge put systems in place to ensure the centre's contingency plan, including self-isolation plans, were effective. In November 2021, an unannounced COVID-19 contingency plan audit was carried out by the person in charge and the action plan from the audit had resulted in positive outcomes for the residents.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents during their respite stay. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. The minibus used to transport residents was observed to be clean, roadworthy and suitably equipped with a first aid box including appropriate PPE and hand sanitizer gel.

Overall, the design and layout of the premises ensured that residents could enjoy an accessible, safe and comfortable environment during their respite stay. This enabled the promotion of independence, recreation and leisure for the residents throughout their respite stay in the centre. For the most part, the residential centre provided an appropriate indoor and outdoor recreational areas for respite residents including age-appropriate play and recreational facilities. However, the inspector found that improvements were warranted to the upkeep of some of the internal areas of the house. This was to ensure that respite residents were staying in a house that was in good decorative repair and mitigated the risk of infection at all times.

There were fire safety management systems in place in the designated centre. This included containment systems, fire detection systems, emergency lighting and firefighting equipment. These were all subject to regular checks and servicing by an external fire company. Staff completed fire safety checks on a daily, weekly and monthly basis and these were recorded appropriately. The mobility and cognitive understanding of residents during their respite stay was adequately accounted for in

the evacuation procedures and in the residents' individual personal evacuation plans. Fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. Fire procedures for safe evacuation were prominently displayed on the wall of the centre (including an easy-to-read format for residents to better understand) and all staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes.

However, improvements were needed to ensure that the fire safety management systems in the centre were effective at all times, and included ways of identifying issues that were found by the inspector on the day of the inspection. For example, the key in a break glass box for a fire exit door was unable to unlock the door. An escape route from two fire exit doors at the back of the house included a gate which was bolted closed on the outside (which made it difficult to open). On the day of inspection, to immediately ensure the safety of the respite residents, the person in charge promptly organised for these issues to be corrected.

Regulation 17: Premises

Overall, the design and layout of the premises ensured that residents could enjoy a respite break in an accessible and comfortable environment. However, improvements were warranted to the décor and upkeep of some of the internal areas of the house.

There were a number of rooms in the house with chipped and peeling paint including holes in the walls that still contained raw plugs and screws. There were plans in place to paint the centre in five months' time, however, due to the risk of infection caused by some of the required repairs an earlier timeframe was needed.

A room that was being used as a sensory room contained minimal sensory equipment. The room included a bubble tube and a projector. There were fibre optic lights in the cupboard which the inspector was informed were not working. The water in the bubble tube had not been maintained as specified and there was an odour in the room. On the day of the inspection, the person in charge created a check-list for the bubble tube so that the required solution would be added to the bubble tube water at the specified times.

Areas of the flooring throughout the centre needed repair and overall, the inspector observed the floor to be clinical in nature and took away from the homeliness of the centre. In addition, some of the furniture in the dining room, such as the table and chairs in the eating area of the room, resembled furniture akin to office or school furniture and did not present as homely or an inviting area to dine in.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed the house to be clean. Staff had completed specific training in relation to the prevention and control of COVID-19.

Issues relating to the decor and upkeep of the premises, which impact on infection control, have been addressed in Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The following issues were identified on the day of inspection;

The key in a break glass box for a fire exit door was unable to unlock the door.

An escape route from two fire exit doors at the back of the house included a gate which was bolted closed on the outside (which made it difficult to open).

On the day of inspection, to immediately ensure the safety of the respite residents, the person in charge promptly organised for these issues to be corrected. However, improvements were needed to ensure that the fire safety management systems in the centre were effective at all times and included ways of identifying issues found on the day of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the inspector found that residents' plans were person-centred and demonstrated that residents were facilitated to exercise choice across a range of activities and to have their choices and decisions respected throughout their respite stay at the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge.

Where applied, restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual

Judgment: Compliant

Regulation 8: Protection

The person in charge and staff facilitated a supportive environment which enabled residents feel safe and protected from all forms of abuse during their respite stay.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Angels Quest OSV-0003576

Inspection ID: MON-0027387

Date of inspection: 09/12/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC, Programme Manager and Human Resource (HR) will complete a review the staffing levels and contingencies needed to mitigate the risk of future unplanned closures in the centre. Time Frame: 28/02/2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance will repair walls throughout the DC that require plastering and painting. Time Frame: 31/01/22.</p> <p>The Person in Charge will organise a review of the flooring throughout the designated center by an independent contractor. Time Frame: 28/02/22</p> <p>The PIC will source new tables and chairs for the DC. Time Frame: 31/03/22.</p> <p>The PIC has a 'Bubble Tube' cleaning schedule on a monthly basis and the tube will be cleaned by professionals as required. Time Frame: Completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge updated the Fire Safety Checklist to review of the break-glass units and check of the fire safety exit in the dining room. Time Frame: Completed.</p>	

The Person in Charge created a break-glass unit checklist, to assess the functionality of the keys stored in the break glass units; this will be completed every 6 months. Time Frame: Completed.

The Person in Charge updated the Fire Safety Audit to include the break-glass unit checks and the dining room fire exit. Time Frame: Completed.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in	Substantially Compliant	Yellow	12/01/2022

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