



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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Adult Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2021
Centre ID:	OSV-0005071
Fieldwork ID:	MON-0033134

About the designated centre

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

Boherduff Adult Services consists of two units providing residential care for up to ten residents. One of these is a bungalow located on the outskirts of a urban area while the other unit is a purpose built bungalow located just outside the same area. The two units provide for both genders and those with intellectual disabilities and/or Autism Spectrum Disorder. One unit provides for young adults while the other provides for an older group of residents. Both units are open overnight 365 days of the year and are open on a 24 hour basis at weekends. Each resident has their own bedroom and other facilities throughout the centre include sitting rooms, kitchens, bathroom facilities and staff rooms. Staff support is provided by nursing staff, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Tuesday 1 June 2021	09:45hrs to 16:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. This inspection found that some improvements were required in relation to fire safety and the upkeep on one of the premises attached to this centre, and also some improvements required in relation to the timely provision of staff training.

The centre comprised two units-both large bungalows on their own grounds on the outskirts of a large town. There were four residents living in one unit, and five residents living in the other, which had one vacancy at the time of this inspection. The inspector had an opportunity to visit both units on the day of the inspection. One premises was seen to be purpose built to accommodate the needs of the residents living there and was maintained to a very high standard. All areas of the centre were accessible to all of the residents living there and residents had access to a large, pleasant garden area that contained suitable garden furniture for residents use. The other premises, while it was seen to meet the needs of the residents living there, was noted to require attention in number of areas. Numerous areas in the interior of the premises required painting, kitchen press handles were seen to be rusting and required replacement, the lining of a shower was seen to require replacement and playground equipment required servicing. Works had recently commenced to deal with an issue with damp and mould in one of the bedrooms and some further works were planned at the time of this inspection. There was a large garden also attached to this premises and this was seen to contain playground equipment for residents use, including a ground-level trampoline that one resident had received as a birthday present.

Residents' bedrooms were personalised according to their individual preferences and there were numerous photographs on display that showed residents enjoying activities and spending time with important people in their lives.

On this inspection, the inspector met briefly with six residents and two staff members that supported them as well as the person in charge. The other residents were attending day services at the time of the inspection and the inspector had an opportunity to view a sample of their files. This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated in a variety of ways. One of the residents communicated verbally with the inspector and told them about their experience in the centre, and their likes and dislikes. Most of the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service. The inspector saw that residents appeared contented and relaxed in the centre and were

comfortable in the presence of the staff supporting them. One resident was seen to be distressed in the company of the inspector on occasion and the inspector respected this residents wish not to communicate with them. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. An annual review had been completed and this showed that families had been consulted with and their views obtained on the service that their family members were receiving. The inspector viewed one residents questionnaire that had been completed and this presented a positive view of their life in the centre. The inspector also had sight of family questionnaires returned to the provider that indicated that families were satisfied with the service provided to their family members, and were aware of, communicated with, and in agreement about restrictions that were in place during the COVID-19 pandemic.

The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. During the COVID-19 pandemic residents had been supported to maintain contact by video and phone call and also outdoor and window visits were facilitated where desired. The person in charge told the inspector that home visits were facilitated at Christmas with appropriate risk assessments and control measures in place and one resident had spent a two week period at home at that time. The inspector had sight of records of numerous compliments from family members about the service provided to their relatives in the centre and expressing satisfaction with the quality of life that residents had in this centre.

Staff were respectful in their interactions with residents and the inspector saw that there were strong relationships present between residents and staff and that residents held trust in the staff members that supported them. On the day of the inspection residents' were seen to be nicely dressed. Residents appeared comfortable to move about their own home freely and with the assistance of staff. In the first premises visited by the inspector only one resident was present. They were seen to be supported to mobilise with staff assistance and attended a planned appointment on the day of the inspection. This resident was observed to be provided with one-to-one support throughout the day and was observed being assisted with a meal. The remaining residents in this house were attending their day service. In the second house, which accommodated an older cohort of residents, residents were seen relaxing, chatting to staff, watching tv, taking an afternoon nap. One resident was seen relaxing while using a therapy blanket as per their activity planner and interacting with staff and a female resident was observed enjoying some one-to-one time with staff to attend to personal care and also have a relaxing hand massage. One resident presented as slightly distressed in the presence of the inspector and staff were seen to reassure this resident appropriately. Residents had just finished their dinner when the inspector arrived at this house and a resident was seen to be offered a dessert of their choice.

A resident spoke to the inspector about their life in the centre and told the inspector that they missed their day service and hoped to resume this soon. They spoke about the things that staff supported them to do instead and about the in-house activities provided to them. They also spoke about things they had done before the

pandemic, such as attending horse racing meetings, matches and concerts. The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access. Overall there were six vehicles available in the centre for the use of residents, four of which were for the individual use of particular residents. An additional vehicle was also available at certain times. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to local walking areas and takeaway meals and drinks. Some residents continued to access individualised day services in line with their own assessed needs and, where residents were not attending day services, staff were redeployed into their home to maintain staffing levels during the day and to facilitate residents with their social care needs in their home as an alternative.

Overall, this inspection found that there was a good level of compliance with the regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report 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.

Capacity and capability

There were local management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and this centre was found to be providing a responsive and overall good quality service to the residents living there. However, some issues were present pertaining to the effective use of resources at provider level regarding the upkeep of one of the premises and staff training.

The person in charge reported to a services manager participating in the running of the centre, who in turn reported to a regional services manager. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. Staff were receiving regular formal supervision and there was evidence of regular contact between the staff team, the person in charge and the services manager.

The person in charge was present on the day of the inspection and had remit over this centre only at the time of the inspection. The person in charge was very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The inspector saw that the person in charge maintained a presence in the centre and had an active role in maintaining oversight and the running of the centre, and staff

spoken to reported a supportive environment fostered by the person in charge.

Overall, the centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, essential maintenance was carried out and there was suitable transport available for the use of the residents. However, the systems in place to ensure that staff were appropriately trained in a reasonable time frame were not adequate and this was presenting increased risk to residents, in that some staff had not completed necessary training or were awaiting refresher training for long periods of time. Also, in one of the premises, there were numerous maintenance issues that required attention. Some of these, such as peeling paintwork, had been highlighted in the previous inspection report and were still outstanding. The person in charge told the inspector that this was due to reduced footfall and cancellation of non essential works during the COVID-19 pandemic. However, some issues, such as rust on kitchen press handles and the presence of mould in a bedroom presented infection control and health and safety risks and, although identified in local and provider audits, had not been addressed in a timely fashion. This inspection also found some issues in relation to the timely provision of training to staff. The previous inspection had found that some refresher training was required for staff in this centre at that time. Training records viewed on this inspection showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and hand hygiene. However, six staff were due to complete training in the management of potential and actual aggression (MAPA). This meant that residents were not always supported by a staff team that were suitably equipped to respond to behaviours of concern. Some refresher training in fire safety and first aid was overdue and the person in charge told the inspector of the challenges in accessing timely training for all staff since the COVID-19 pandemic due to the limited availability of some training sessions and the way in which training was allocated. This meant that although the person in charge was identifying training needs as they arose, staff were not always allocated a place on required training courses within required timeframes.

A dedicated staff team provided supports to the residents in both units of this centre. Waking night staff and sleepover staff were available to residents in both premises. During the day some residents had the support of individualised staffing as per their assessed needs. The staff team present on the day of the inspection were familiar with the residents and this provided the residents with continuity of care and consistency in their daily lives. A nurse had been employed in one unit of the centre since the previous inspection and the person in charge had a good awareness of the future needs of the residents to include that additional nursing staff may be required in the future should the capacity of the centre or assessed needs of the residents change.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Individual risk assessments relating to COVID-19 were in place and there were appropriate plans

and facilities in place should a resident need to restrict their movements or be isolated from other residents in the centre. Audit schedules were in place and audits such as health and safety audits and medication audits were taking place. An annual review and six monthly audit had been completed and actions identified were being addressed. Overall, the timely identification and management of issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and the provider had employed an additional nurse in the centre since the previous inspection. The person in charge had a good awareness of the potential future staffing needs in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre regularly took part in formal supervision. Training records viewed showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and hand hygiene. However, six staff were due to complete training in the management of potential and actual aggression (MAPA). This meant that residents were not always supported by a staff team that were suitably equipped to respond to behaviours of concern. While staff had access to refresher training, this was not seen to be available as required and although the person in charge was identifying training needs as they arose, due to organisational procedures and delays that had occurred during the COVID-19 pandemic, staff training needs were not always addressed in a timely fashion.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were

appropriate. An annual review and six monthly report had been completed in respect of the centre and arrangements were in place for the supervision of staff. Some improvements were required in relation to the prioritisation of resources. For example, issues pertaining to staff training had been escalated to the provider by the person in charge and at the time of this inspection appropriate action had not been taken to ensure that all staff received all required training within required time-lines. Some issues identified in previous inspections such as issues relating to one of the premises had not been satisfactorily addressed at the time of this inspection.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Safe and good quality supports were provided to the nine residents that lived in this centre.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. Both premises were visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place that included frequent cleaning of high contact areas. The person in charge and staff had a strong awareness of infection control measures to take to protect the resident, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). Staff had undertaken training in recent months on infection control measures, including training about hand hygiene and the appropriate donning and doffing of PPE. Some kitchen door handles were rusting in one unit of the centre which presented a possible infection control risk and this will be dealt with under the regulation relating to premises.

The inspector saw that there was a proactive approach taken to risk management. Where an activity was identified as having certain risks attached, such as meeting with family members during the COVID-19 pandemic, appropriate controls were put in place to mitigate these and here possible, residents were provided with opportunities to take part. A risk register was in place for both units of the centre to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, following an incident where a resident fell while getting out of bed, a review of the bedroom environment was carried out and bedroom furniture rearranged to provide a safer environment for the individual. The person in charge had a strong awareness of their responsibilities in ensuring that equipment and aids used in the centre were appropriately assessed and serviced as

required.

Overall, appropriate measures were taken by the management of the centre to ensure that residents needs were being met at this time. Residents were supported to access medical care and support and there were comprehensive records in place to show that residents had access to a variety of health and social care professionals and were supported to access medical treatment as appropriate. One resident had sustained a fracture while visiting another location and was seen to have received prompt and appropriate medical intervention. As mentioned in the previous section of this report not all staff had received appropriate training in the management of behaviours of concern. This had the potential to impact on some residents should incidents of concern occur. This training had been scheduled.

The inspector viewed documentation showing that regular fire drills were occurring and that recent night time fire drills had been successfully completed in both units of the centre. Evacuation plans were in place for residents and there were detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre. The previous inspection had highlighted that fire doors were not present in some parts of one unit in the centre, such as the hotpress. The inspector saw that these doors had since been installed along with some other works. However, these had not been reviewed by an appropriate fire safety professional and the inspector was not satisfied that these works provided adequate containment measures in all parts of the centre. There were significant gaps noted underneath two doors and one did not close fully. These doors were located along a narrow corridor that could be required for evacuation or access in an emergency.

A sample of residents personal plans were viewed. Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. There were seen to be comprehensive and detailed goals that were set by and with the residents. Goals were found to be relevant and the documentation around these was being updated regularly. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings.

There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. There was evidence that the person in charge was maintaining constant contact with appropriate medical professionals, including when medical appointments had been cancelled or curtailed due to the COVID-19 pandemic.

Regulation 17: Premises

One of the premises attached to this centre required maintenance in a number of areas. The handles of the kitchen presses were rusting due to the cleaning products used on them. The lining of a shower unit in an en-suite bathroom was damaged

and had not been replaced. The interior of the premises required painting in numerous areas and a door leading to the backyard required attention due to the build up on condensation. A broken fence panel in required mending and leisure equipment in the garden required servicing. An issue with mould had been identified in a bedroom as an ongoing problem. Additional ventilation had been installed in this room on the day prior to the inspection and there was regular cleaning and removal of the mould. Further works were scheduled to be completed to rectify this problem. The previous inspection had highlighted some of these issues also.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre. There was clear evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. Both units of the centre were visibly clean and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff and visitors in the event of a outbreak of fire in the centre. There was emergency lighting in place and regular fire drills were occurring, including night time simulation drills. Fire containment and detection measures including fire

doors and an appropriate alarm system were in place in this centre. However, some of the fire doors required review by a competent professional to ensure that they met a suitable standard and were fit for purpose. Some staff were overdue fire safety refresher training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and had been reviewed with residents to take into account changing circumstances and new developments. Plans were in a person centred and accessible format.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the day to day medical needs of the residents were being met. Staff had completed training as required to assist them in supporting a resident that required regular catheterisation. Nursing input was available from within the staff team and the person in charge demonstrated that consideration was being given to the future healthcare needs of residents, such as ensuring timely access to aids and equipment including wheelchairs and hoist slings as required. Residents were supported to access vaccination services.

Judgment: Compliant

Regulation 8: Protection

The residents in this centre were protected from abuse. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and the staff members spoken to and the person in charge demonstrated a very good understanding and commitment to their responsibilities in this area. There were systems in place to safeguard residents' money, including regular finance audits. Where concerns were present regarding the

safeguarding of a residents finances due to ward of court arrangements in place, the person in charge had taken appropriate actions to highlight this to the relevant parties.

Judgment: Compliant

Regulation 9: Residents' rights

The residents living in the centre was supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with the resident and were strong advocates for residents. There was access to a variety of information in an accessible format and there were arrangements in place for access to external advocacy services if required. Residents were supported to understand COVID-19 restrictions. Residents were supported to maintain contact with important people in their lives in line with public health guidance.

Judgment: Compliant

Regulation 13: General welfare and development

The previous inspection had found that a resident was impacted by the lack of availability of suitable transport. This had been rectified at the time of this inspection, with six vehicles available for the use of residents in this centre. Staff spoken to confirmed that there was now ample transport available to residents and residents were facilitated to access their local community, healthcare appointments and to travel to see family members as required. The inspector saw that the person in charge was proactive in planning for the future needs of residents and that the staff team had a good knowledge of residents preferences and the supports that residents required. Residents were seen to be supported to make choices and consulted with about day-to-day activities.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not 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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Compliant

Compliance Plan for Boherduff Adult Services OSV-0005071

Inspection ID: MON-0033134

Date of inspection: 01/06/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff refresher training in Fire Safety and First Aid has now been scheduled and will be completed by November 2021.</p> <p>In the interim while awaiting refresher training in fire safety the person in charge will complete a fire safety/evacuation checklist with those staff awaiting this refresher training . This provides overview of the local fire evacuation/demonstration of fire Alarm/Fire prevention ,to ensure all staff are aware of fire safety requirements. The Services provide a blended learning for Fire safety training which includes online theory & practical element. While awaiting the date for the practical element of the training all staff requiring this refresher training will complete the online theory component. Completion 31.08.2021</p> <p>Staff training in MAPA is underway with the final staff due to complete their training in September 2021. The registered provider has reviewed the systems in place for scheduling and allocating training places to ensure timely access to required training for all staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

As per the response to Regulation 16:

Staff refresher training in Fire Safety and First Aid has now been scheduled and will be completed by November 2021.

In the interim while awaiting refresher training in fire safety the person in charge will complete a fire safety/evacuation checklist with those staff awaiting this refresher training . This provides overview of the local fire evacuation/demonstration of fire Alarm/Fire prevention ,to ensure all staff are aware of fire safety requirements. The Services provide a blended learning for Fire safety training which includes online theory & practical element. While awaiting the date for the practical element of the training all staff requiring this refresher training will complete the online theory component.

Completion 31.08.2021

Staff training in MAPA is underway with the final staff due to complete their training in September 2021. The registered provider has reviewed the systems in place for scheduling and allocating training places to ensure timely access to required training for all staff.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Quotations are currently being sought for painting works in both residential houses. This work is anticipated to commence in September 2021.

Following discussion and consultation it has been agreed to remove the playground equipment that required servicing as it is not being used by the residents. A new patio area for outdoor activities will then be installed and repair carried out to the broken fence panel. These works are expected to be completed by 31 October 2021.

New flooring for the one resident's ensuite shower unit has been ordered and will be fitted on the 09 September 2021.

New handles for the kitchen units to replace rusty handles were ordered on 30 June 2021. These will be fitted as soon as they come into stock with the fitted furniture company.

The door with a buildup of condensation will be examined by a competent professional and repaired or replaced as required by end of October 2021.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors in the hall area will be reviewed by a competent professional and necessary works completed by 31 July 2021.</p> <p>As per the response to Regulation 16: Staff refresher training in Fire Safety has now been scheduled and will be completed by November 2021.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2021
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	31/10/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in	Substantially Compliant	Yellow	31/10/2021

	good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire	Substantially Compliant	Yellow	30/11/2021

	control techniques and arrangements for the evacuation of residents.			
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