



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

Issued by the Chief Inspector

Name of designated centre:	Suaimhneas Respite
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	05 March 2024
Centre ID:	OSV-0005760
Fieldwork ID:	MON-0034076

About the designated centre

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

Suaimhneas Respite is a respite designated centre operated by Sunbeam House Services CLG. This respite service can provide supports for up to four residents, at any one time, over the age of 18 years with a primary diagnosis of intellectual disability that require low to medium support needs. Support provided varies depending on the residents' needs and requirements. The designated centre is located within a short walking distance of a large town in North Wicklow. The centre is managed by a person in charge who has a remit for two designated centres. They are supported in their role by a deputy manager. The person in charge reports to a senior services manager. The staff complement includes social care workers and care assistants.

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 (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 5 March 2024	10:30hrs to 17:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations (with staff, residents and their representatives), and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that the centre was operating at a good level of compliance with the regulations, and that overall residents were in receipt of a safe and quality service. However, some improvements were required to the maintenance of the premises and implementation of fire safety precautions in the centre.

The centre provided a residential respite service to over 30 service users referred to as residents. A maximum of four residents could be accommodated at any one time, however sometimes the number of residents in the centre could be less than four depending on their individual needs. Respite stays were planned one to three months in advance, and residents usually stayed for one to two nights at a time. Longer stays of up to one week may be facilitated on request. As the centre only provided short respite stays, residents' representatives primarily managed their healthcare needs.

The inspector found that the centre was being operated in line with its statement of purpose. For example, it only accommodated residents with a primary diagnosis of a mild to moderate intellectual disability with low to medium support needs (the centre did not accommodate residents with mobility needs such as wheelchair dependency, or residents whose behaviour support needs would pose a significant risk of harm to themselves or others). The statement of purpose also outlined that the centre would only accommodate emergency admissions from the current directory of residents and for a maximum of one week.

The centre comprised two separate premises that were part of a larger building complex which also contained a day service. The centre was located within walking distance to a large town with many amenities and services. There was also a vehicle available in the centre for residents to access the wider community and beyond.

The inspector carried out a thorough walk-around of the centre with the person in charge. The first premises was not used by residents; it comprised a staff office, a bathroom, and a small kitchenette.

The second premises contained resident bedrooms, a staff office, a medication store room, a utility room, a shower room, a bathroom, and an open plan living area with a kitchen and dining space. The premises was clean, bright, and comfortable. The communal spaces were decorated with nice photos of residents and fresh flowers. There was also a notice-board in the hallway with information for residents on complaints, safeguarding, and the staff rota. In the main living area, there were

board games and art supplies for residents to use, and a large television with applications for streaming movies. Some maintenance was required to parts of the premises such as damaged flooring. The storage facilities also required more consideration and enhancement to ensure that they were appropriate.

The inspector observed some good fire safety systems such as fire-fighting and detection equipment, however improvements were required to the systems. For example, some fire exit routes had not been tested to ensure that they were safe for all residents to use. The maintenance of the premises and fire safety are discussed further in the quality and safety section of the report.

In advance of the inspection, 16 residents completed surveys on what it was like to stay in the centre. Their feedback was very positive, and indicated that residents felt safe, got on well with other residents; and were happy with the services they received in the centre, such as the premises, facilities, food, staff, and activities available to them. The comments included "I'm happy", "its good craic in respite" with "great friends", "lovely staff, great food, great company, loads of fun and happiness". Residents also wrote about the activities they enjoyed while staying in the centre, such as "chilling out watching movies with my friends", "going to the cinema, out for lunch", and "cooking with staff".

The inspector met four residents during the inspection. Two did not express their views with the inspector, but appeared relaxed and comfortable in the centre. The inspector observed them playing musical instruments and watching a film with staff. The inspector also observed staff warmly engaging with the residents in a kind manner.

Another two residents visited the centre during the inspection to speak to the inspector. They said that they liked the centre and described the staff as "nice". They enjoyed relaxing in the centre as well as using nearby community services. They said that they got on with other residents in the centre. They liked the food, and also enjoyed eating out and getting takeaways. They had participated in fire drills, and knew to evacuate the centre in the event of the fire alarm sounding.

The inspector spoke to two residents' representatives on the phone. The first representative told the inspector that their family member was happy using the centre and that it met their needs. They said that the centre was homely with lovely food and kind staff. They were satisfied with the communication from the centre, and had no complaints about the service. However, they would like more opportunities for their family member to have respite in the centre.

The second representative told the inspector that their family member enjoyed respite and looked forward to going to the centre. They said that the service provided in the centre was good and reliable. They were satisfied with the communication from the centre. For example, staff rang the resident's representatives before their admission to check if there was any updates that they needed to know. However, they told the inspector that video calls during the resident's respite stay would be useful too. They found the staff to be friendly and easy to contact. They were happy with the food provided in the centre. They had no

concerns about the resident's safety in the centre.

The inspector spoke with different members of staff working during the inspection including the person in charge, deputy manager, senior services manager, and a social care worker.

The management team told the inspector that the centre aimed to provide a happy and 'holiday' like experience for residents. They said that residents received person-centred care and were able to choose how they spent their time in the centre. They were satisfied that the staffing arrangements in the centre were appropriate to the residents' assessed needs. They told the inspector that residents were safe in the centre, and that assessments of their individual needs, interests, preferences and any known associated risks were considered when allocating respite to ensure that residents were compatible with each other.

A social care worker described the centre as being a comfortable and homely environment for residents to have a 'break' in. They told the inspector that residents had control over how they spent their time in the centre. For example, they chose their meals, activities, and routines. Some residents did not use verbally communicate their views, however there was information in their care plans on their interests and preferences, and individual communication means for staff to follow. The social care worker had no concerns. They were aware of the procedures for responding to safeguarding concerns or complaints from residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs.

The provider had ensured that the centre was well resourced, for example, staffing arrangements were appropriate to residents' needs and the objectives of the service. There were also arrangements in place to ensure that the admission criteria, as set out in the statement of purpose regarding residents with assessed low to moderate needs only, was adhered to. This was contributing to ensuring a well run service that was compliant with the regulations.

The provider and person in charge had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out, and actions were identified to drive quality improvement.

The management structure in the centre was clearly defined with associated

responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by a deputy manager. The local management team also had responsibility for another designated centre providing respite services. They described the challenges in effectively managing two centres, for example, maintaining up-to-date documentation for the large number of residents using the centre was difficult. However, the inspector found that they demonstrated effective governance, management and administration of the centre concerned.

The person in charge reported to a senior services manager, and there were systems for them to communicate. The local management team also attended regular meetings with other managers for the purposes of shared learning and support. The management team demonstrated responsible decision-making by adhering to their statement of purpose to support the delivery of a safe service for residents.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were some vacancies, however they were well-managed to minimise any adverse impact on residents. Staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

There were arrangements for the support and supervision of staff working in the centre, and staff spoken with told the inspector that they were satisfied with the support they received. Staff could also contact an on-call service if outside of normal working hours.

There was an effective complaints procedure in place. The procedure had been prepared in an easy-to-read format and was readily available to residents and their representatives. Complaints made by residents had been appropriately recorded and managed to resolution.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules, for example, insurance contracts, the statement of purpose, and the residents' guide.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31. The provider had also ensured that they had notified the Chief Inspector when the person in charge was to be absent from the centre for over 28 days and provided details on how the centre would be managed during that time.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the

centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, deputy manager, social care workers, and a healthcare assistant, was appropriate to the number and assessed needs of the residents receiving respite in the centre.

There were some vacancies in the staff complement which the provider was actively recruiting to fill. However, the vacancies were well-managed to reduce any potential adverse impact on residents. For example, the person in charge endeavoured to use regular relief and agency staff who residents were familiar with, and a permanent staff member was always on duty to support consistency of care for residents. The deputy manager had also prepared a comprehensive induction folder for agency staff to read which contained key information for working in the centre such as emergency contacts and how to access the provider's electronic information system.

The inspector viewed a sample of the recent planned and actual staff rotas, and found that they clearly showed the names of staff working in the centre during the day and night including agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, managing complaints, manual handling, supporting residents with modified diets, infection prevention and control, and fire safety. To compliment the training provided to staff, the deputy manager planned to liaise with the provider's behaviour support team to deliver bespoke training for the staff team. The training records viewed by the inspector showed that staff were up to date with their training requirements.

The management team provided informal support and formal supervision to staff in line with the provider's supervision policy, and records of formal supervision were maintained. Staff spoken with told the inspector that they were satisfied with the support they received.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was adequately resourced to ensure the delivery of effective care and support, for example, there was a vehicle for residents to access community services, and staffing arrangements were sufficient to meet residents' needs.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for another centre and was supported in their role by a deputy manager. The local management team were found to have a good understanding of the residents' needs and of the service to be provided in the centre. The person in charge reported to a senior services manager. There were arrangements for the management team to communicate and escalate information.

The provider and local management team carried out a suite of audits, including unannounced visit reports and annual reviews (which had consulted with residents), and detailed audits on health and safety, infection prevention and control, housekeeping, and medication management. The audits identified actions for quality improvement which were monitored to ensure progression.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements provided by the local management team, staff could also contact an emergency on-call service for direction. Staff spoken with told the inspector that they could easily raise concerns with the local management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1.

The statement of purpose reflected the service that could be provided and the criteria of assessed need that could be supported in this designated centre. It was found on this inspection that this criteria was being adhered to by the provider and was in turn resulting in residents having a good quality experience during their respite stay.

The statement of purpose was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, for example, use of restrictive procedures, injuries to residents, operation of fire alarm equipment, and allegations of abuse, were notified to the Chief Inspector in line with the requirements of this regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider had notified the Chief Inspector when the person in charge was to be absent from the centre for a continuous period of over 28 days. The notification submitted to the Chief Inspector specified the expected length of the absence and the expected return date for the person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider notified the Chief Inspector of the procedures and arrangements made for during the absence of the person in charge, including the details of the person who would be responsible for the centre during the absence.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents which was underpinned by a written policy. The policy outlined the relevant persons' roles and responsibilities, and arrangements for residents to access advocacy services. The procedure had been prepared in an easy-to-read format and was readily available in the centre for residents to view.

Staff had completed training in the management of complaints, and staff spoken with during the inspection were aware of how to report and record complaints made by residents. The inspector found that complaints made by residents had been well-managed and closed to their satisfaction.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Feedback from residents (and their representatives) indicated that they felt safe and enjoyed staying in centre. However, the inspector found that some improvements were required in relation to fire safety precautions and maintenance of the premises.

Assessments of residents' care needs had been carried out which informed the development of personal plans. The local management team told the inspector that there were some ongoing challenges in gathering updated information from other stakeholders involved in residents' care. However, the sample of care plans viewed by the inspector were up to date and provided sufficient guidance for staff to appropriately support residents in line with their needs, interests and personal preferences.

Residents were provided with ample opportunities in the centre to participate in different activities of their choice. Residents enjoyed various in-house and community-based activities, such as dining out, shopping, walks, arts and crafts, and social clubs. Residents were also supported to develop life skills while using the centre. For example, they were encouraged to be involved in the preparation of their meals.

Appropriate arrangements were in place to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and intimate care plans had been prepared to guide staff in supporting residents in this area.

Respite allocation was based on residents' compatibility, individual needs, interests, and preferences. For example, some residents were friends with similar interests so were offered respite stays together. Appropriate resident compatibility was also paramount in effectively managing any known risks for residents' safety. The management team used a 'booking needs and preferences' document to plan respite stays. However, from reviewing the document during the inspection, the management team planned to enhance the document to ensure that any known risks were more prominent.

The centre was appropriate to meet the needs of the current residents. The premises were part of a large building complex that also contained a day service. The main premises contained individual bedrooms, bathrooms, staff rooms, and an open plan kitchen and living area. There was a separate staff office. The premises were bright and clean. However, some upkeep and maintenance was required such as repairs to damaged flooring. The storage arrangements and facilities also required enhancement to ensure that they were suitable.

The fire safety precautions implemented in the centre required improvement to ensure that they were effective in protecting residents from the risk of fire. Staff completed regular checks on the fire safety equipment, and there were arrangements for the servicing of the equipment. The fire panel was easily found at the entrance of the main premises. However, there was an absence of up-to-date information on the fire zones for staff to refer to. This issue had been noted in the last health and safety audit of the centre, however remained unresolved. The inspector also found that the arrangements to contain potential smoke and fires in the centre required more consideration. For example, the door to a high-risk area did not appear to be a fire door.

Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre. However, the drills had not tested all exit routes, referred to in the fire evacuation plan, to ensure that they were safe for residents to use.

Regulation 13: General welfare and development

The provider had ensured that residents had access to facilities for recreation, and opportunities to participate in activities in accordance with their interests, needs, and wishes when they stayed in the centre.

The centre was very close to local amenities and services for residents to use, and there was also a vehicle available for residents to access the wider community.

The person in charge and staff team supported residents to choose how they spent their time in the centre. They enjoyed different in-house and community-based activities, such as playing music, using smart devices, dining out, shopping, bowling, meeting friends, attending social clubs, and going on day trips. Some residents were

very active, while others preferred to relax in the centre; and their individual choices were respected.

The inspector also found that residents were being encouraged to develop life skills while in the centre to promote their independence. For example, residents were encouraged to be involved in the preparation of their meals. Some residents also like to do household tasks such as laundry.

Judgment: Compliant

Regulation 17: Premises

The centre comprised separate premises that were part of a larger building complex containing a day service.

The first premises was not used by residents; it comprised a staff office with sleep over facilities, a bathroom, and a small kitchenette. The second premises contained resident bedrooms, a staff office, a medication store room, a utility room, a shower room, a bathroom, and an open plan living area with kitchen and dining space.

The main premises was clean, bright, comfortable, and met the needs and number of the current residents using the centre. The communal spaces were homely and decorated with nice photos of residents and fresh flowers. The bedrooms provided sufficient space and had televisions. In the living area, there were board games and art supplies for residents to use, and the television had applications for streaming movies. The kitchen was well-equipped and the appliances appeared to be in good-working order.

Some maintenance was required to the premises, for example, the kitchen required upkeep, the flooring was damaged in places, and minor repairs were required in the bathroom. The May 2023 housekeeping and July 2023 health and safety audits had highlighted these issues. The provider had plans to address these issues, however there was no time frame for the completion of the works.

Some bedrooms also required attention, for example, walls were scuffed in places, and exposed piping and mismatched furniture in the rooms impinged on the homely aesthetic of the centre.

The inspector also observed that the storage facilities in the centre required more consideration, for example:

- There were no storage facilities in the shower room for residents to store their clothes or personal items while using the shower (there was also no mirror for residents to use).
- Open shelving in the utility room with clean towels and bedding, and a clothes horse drying clothes were very close to the hand-washing sink and washing machine which posed a risk of infection cross contamination.

- The kitchenette was cluttered which impinged on its use.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements (a minor revision was required under this topic), complaints, accessing inspection reports, and residents involvement in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Generally, the registered provider had implemented good fire safety systems in the centre. However, some improvements were required to ensure that they were effective.

There was fire detection and fighting equipment, such as alarms, fire extinguishers and blankets, and emergency lights in the centre. The equipment was regularly serviced, and staff also completed daily, weekly, and monthly fire safety checks. The fire panel was addressable and located in the hallway of the main premises. However, information on the fire zones was not readily available, and the information reflected in the associated floor plans was not accurate. This deficit comprised the purpose of the panel. This issue had been noted in the July 2023 health and safety audit, however had not been resolved.

There were fire doors throughout the main premises. One bedroom door did not close fully which compromised its purpose of containing potential fire or smoke. Furthermore, in the smaller premises, there was no fire door in the kitchenette (which was a high risk area containing electrical equipment such as a tumble dryer, and fuel sources). This arrangement required risk assessment to ensure that sufficient measures were in place.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. The inspector viewed a sample of the individual plans, and found that they were up to date.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff had also completed fire safety training, and told the inspector that residents evacuated the centre in a timely

manner. The exit doors had easy-to-open devices to aid a prompt evacuation.

However, the rear exit route, referred to in the fire evacuation plan, had not been tested as part of a fire drill scenario to ensure that it was safe for residents to use. This exit required use of external stairs which staff told the inspector would be challenging for some residents to use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans. The inspector viewed a sample of residents' health and personal care plans including intimate care, behaviour support, communication, eating and drinking, and safety plans. The plans reflected multidisciplinary service and residents' representatives input where required. They provided sufficient information to inform staff on the supports and interventions required to meet residents' needs. There was also information on residents' likes and dislikes, preferences, and interests to support staff in providing an enjoyable experience for residents in the centre.

Overall, it was found that the centre was suitable for the purposes of meeting the needs of the current residents using the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse.

The provider had prepared a written safeguarding policy (the provider was reviewing the policy as it was limited in detail). There was also easy-to-read information on safeguarding displayed in the centre for residents.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to refer to. Staff spoken with during the inspection were aware of the procedures for reporting and recording any safeguarding concerns.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, investigated, and managed.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected their privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suaimhneas Respite OSV-0005760

Inspection ID: MON-0034076

Date of inspection: 05/03/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Business Case submitted to funder on 01/03/2024 requesting funding for capital work that is required to ensure kitchen area is updated • Local Management requested that the shower room storage situation be addressed by maintenance – Date of completion due 30/05/24 • The kitchenette was cleared on the– 14/04/24 • Local management have requested designated centre to be painted and scuff marks on the wall's addressed– Date of completion due 30/05/24 • Exposed piping reported to Maintenance on 05/04/24 – Date of completion due 30/05/24 • Dated furniture reported to maintenance on 06/03/24 – Date of completion due 30/05/24 • Storage unit in laundry room requested to be enclosed to ensure proper infection control – Date of completion due 30/05/24 • Clothes horse is no longer used in the laundry room- Completed • Enclosed laundry basket with lid purchased - Completed 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Zones to be clearly mapped on floor plan legend Date of completion due 30/05/24 Bedroom fire door not closing fully noted in inspection – Completed Rear exit fire drills and/or walkthroughs are now included in our fire evacuation yearly plan for clients – Commenced 13/03/24</p> <p>Fire door for downstairs staff bedroom/office requested by Local management on 05/04/24 – Kitchenette downstairs has been decluttered. The dryer is checked daily for lint and the lint is removed daily. The dryer is only used during waking hours. When funding is received dryer will be moved up to the kitchen area.</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.	Substantially Compliant	Yellow	30/05/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/05/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	30/05/2024

	precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/05/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/05/2024