



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 9
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	23 January 2024
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0037893

## About the designated centre

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

Designated Centre 9 is a designated centre operated by Stewarts Care DAC. The centre provides long stay residential support for up to seven residents with intellectual disabilities and additional complex support needs. The centre is located on a large campus in West County Dublin and comprises two residential homes. One home is a single occupancy house equipped with an en-suite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second home is a wheelchair accessible bungalow that comprises six bedrooms for residents, a kitchen where snacks and meals are prepared, an open plan dining and living room, and a second living area. It also has two smaller shower rooms, a wet room style bathroom with a walk in shower, and a second bathroom. Residents also have access to a secure back garden. The staff team for the centre consists of a full-time person in charge, nursing staff and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 23 January 2024	09:35hrs to 16:25hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations and was facilitated by the programme manager and staff nurse on duty.

Upon arrival to the centre, staff informed the inspector that the person in charge post was vacant at the time of the inspection. In the absence of a person in charge staff advised of an on-call system by which they reported directly to the programme manager. The programme manager was contacted by staff and arrived to the designated centre a short time later.

The centre was comprised of two buildings located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafes and restaurants, and public transport. The designated centre was home to seven residents and the inspector had the opportunity to meet six residents over the course of the inspection. Each resident used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre through observations, discussions with the residents, team of staff and management, monitoring care practices and reviewing documentation.

The inspector carried out a thorough walk-around of the centre with the staff nurse on duty. The size and layout of the bungalow building was somewhat institutional in aesthetic, however it was found to be clean, bright, nicely furnished, comfortable, and appropriate to the assessed needs of the residents. Each resident had their own bedroom. Resident bedrooms reflected the interests and preferences of each resident. For example, one bedroom had been decorated with a comic book hero theme, while another reflected the resident's interests in aeroplanes. Some minor upkeep was required to the interior and exterior of one of the buildings and this is discussed further in the body of the report.

The communal living areas were spacious and bright, and there was also an outside area for residents to use, with outdoor furniture and a barbeque for the nicer weather. The kitchen was well equipped and in this designated centre, residents were provided with some of their main meals from the central kitchen on campus. The inspector had the opportunity to observe the lunchtime mealtime experience for residents, and found that residents were provided with wholesome and nutritious food which was in line with their assessed needs. Staff were also aware of the measures to be taken in preparing and serving food safely, for example, checking temperatures of food items.

The inspector tested a number of fire doors, and found that they closed properly when released. However, some fire doors did not have self-closing mechanisms and this required review from the provider. In addition, the inspector also observed that an oxygen receptacle was incorrectly stored on the floor of an office, the inspector

brought this to the attention of staff and it was removed and stored correctly, as per the manufacturer's guidance.

Since the previous inspection, the provider had made improvements in relation to infection, prevention and control. For example, all resident's laundry was now laundered in the designated centre and no longer sent to a central laundry facility on campus. The inspector observed that the utility room was visibly clean on the day of the inspection and staff were knowledgeable in relation to good practices for laundry management.

The inspector also visited the second building, which was a small single storey property opposite the main building. The resident who lived there was not home at the time, however, staff advised that they had consented to the inspector entering their home. The house had a small living room with a television, resident's bedroom, staff office / dining room, and a small but well-equipped kitchen. The premises was observed to be clean and tidy and was decorated with the resident's personal items such as photographs, ornaments and soft furnishings.

The inspector asked about the residents' plans for the day and was advised that some residents had plans to engage in community activities while others preferred relaxing in their home. Throughout the course of the inspection the inspector observed residents engaging in activities in line with their assessed needs and expressed preferences. For example, one resident attended the local gym, other residents attended a community activity with staff support in the afternoon, while other residents relaxed in their home listening to music and watching television. Warm interactions between the residents and staff members caring for them were observed throughout the duration of the inspection.

Staff spoke to the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management and managing behaviour that is challenging. In addition, staff had completed training in human rights and gave clear examples on how it had influenced their practice in the centre. For example, one resident accessed the local area independently, which provided opportunities for them to meet friends and go for walks.

On speaking with different staff throughout the day, the inspector found that they were knowledgeable of the resident's needs and the supports in place to meet those needs. Staff were aware of each of the resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards them through positive and caring interactions.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The person in charge had recently resigned from their position, however the provider had recruited a new person in charge to fill this vacant role and a start date had been confirmed. The provider had provided necessary assurances that the designated centre continued to be properly managed in the absence of a person in charge. This is discussed further in the body of the report.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff skill-mix and numbers were appropriate to meet the assessed needs of the residents for the delivery of safe care. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. Staff spoken with throughout the duration of the inspection were knowledgeable in relation to the needs of the residents and were clear on the key policies and procedures within the centre.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. Staff spoken with were clear on their roles and responsibilities and how to escalate concerns or risks through the chain of command to the provider level. The staff team were in receipt of regular supervision and support.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in January 2024 to review the quality and safety of care and support provided to the residents. As a result of these reviews and audits an action plan was put in place to address any concerns regarding the standard of care and support provided.

However, there were a number of actions identified by the provider, which required further attention to ensure they progressed in a timely manner. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre. However, improvements were required in order to

demonstrate that the residents were consulted as part of the review.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

### Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff skill-mix comprised nurses, healthcare assistants, and a social care worker, and was found to be appropriate to the needs of residents.

The person in charge role was vacant at the time of the inspection. The provider had recruited a new person in charge to fill this vacant role and a start date had been confirmed. The provider had provided necessary assurances that the designated centre continued to be properly managed in the absence of a person in charge. For example, an on-call arrangement was in place in which the staff team could contact the programme manager and clinical supports when required.

A planned and actual roster were maintained. These were reviewed by the inspector and reflected the staffing arrangements in the centre, including staff on duty during day and night. A small panel of relief staff was available to fill any gaps in the roster. This was supporting continuity of care for the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

Staff training logs showed that staff were required to complete training in a wide range of areas, such as fire safety, safeguarding and protection of residents, managing behaviours of concern, infection prevention and control and supporting residents with their individual eating and drinking needs. Staff had also completed human rights training.

At the time of the inspection the programme manager informed the inspector that some staff were due to complete refresher training and there was a plan in place to address this.

The inspector found that staff were receiving regular supervision as appropriate to



their role. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

### Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre.

The provider had provided necessary assurances that the designated centre continued to be properly managed in the absence of a person in charge and to ensure regulatory responsibilities were being met. The on-call arrangement in place, as previously mentioned, was clearly communicated with all staff and staff spoken with on the day of inspection were aware of who to contact when required.

An annual review of the quality and safety of care had been completed. However, there was no written evidence to document consultation with residents in the annual review.

Six-monthly unannounced visits had taken place in line with regulatory requirements. Actions arising from this were identified and tracked. However, there were a number of actions identified by the provider, which required further attention to ensure they progressed in a timely manner. For example, the safe storage of medical oxygen and ensuring that residents are supported to complete surveys in relation to the annual review. This required review by the provider.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints

log and procedure available in the centre. The inspector reviewed the complaints and found that complaints were being responded to and managed locally.

There were no active complaints on the day of inspection.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents were observed to have active lives and participate in a wide range of activities within the community and the centre. Residents chose to live their lives in accordance with their will and personal preferences. Residents spoken with were happy in the centre, and the inspector found that the service provided to them was safe and of a good quality.

The inspector completed a walk-through of the centre with the staff nurse on duty. The designated centre was found to be bright and spacious. It was clean, well-maintained and in good structural and decorative condition. However, some minor upkeep was required, which had been reported to the provider's maintenance department. This is discussed further in the body of the report.

There were suitable facilities to store food hygienically and adequate quantities of food and drinks available in the centre. The fridge and presses were stocked with lots of different food items, including fruit and vegetables. There were color coded chopping boards for food preparation. Staff spoken with were knowledgeable regarding feeding, eating and drinking (FEDS) care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included servicing of fire detection and fighting equipment, and scheduled fire drills. However, some enhancements to the systems were required. For example, a number of fire doors were missing self-closing mechanisms, which did not provide effective containment of fire and smoke. In addition, improvements were also required to ensure suitable arrangements were in place for the safe storage of medical oxygen with due regard in terms of fire safety precautions and measures for such equipment.

On review of a sample of residents' medical records, the inspector found that medicines were administered as prescribed. Residents' medicines were reviewed at regular specified intervals as documented in their personal plans and the practice

relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate.

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern. Restrictive practices were logged, notified accordingly and had been reviewed by the provider's restrictive practice committee.

Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents. However, a number of interim safeguarding plans and a formal safeguarding plan required review to ensure accurate and up-to-date support arrangements were in place to safeguard residents from abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 11: Visits

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family. For example, the programme manager spoke about a resident who has been receiving regular visits from a family member they had not seen for twenty years. This has had a positive impact on the resident's wellbeing and mental health.

There was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were in receipt of care and support in line with their assessed needs and expressed preferences.

Residents were supported to engage in community activities from their home in line with their assessed needs or individual preferences. For example, some residents chose to go swimming, use the local gym, go for walks and go out for drives. Other

residents preferred relax in their home.

Residents were supported to maintain contact with family as they wished.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised two buildings located on a campus setting operated by the provider. The size and layout of the building was somewhat institutional in aesthetic, however it was found to be clean, bright, nicely furnished, comfortable, and appropriate to the assessed needs of the residents.

Each resident had their own bedroom. Resident bedrooms reflected the interests and preferences of each resident. For example, one bedroom had been decorated with a comic book hero theme, while another reflected the resident's interests in aeroplanes.

There were arrangements for the upkeep and servicing of equipment used by residents, such as electric beds and shower chairs.

However, some minor upkeep was required. For example; one sofa required re-covering due to tears in the fabric, broken blinds in a resident's bedroom required replacing, a toilet handrail was visibly rusted and required replacing and the ceiling paint in one bathroom was cracked and peeling. These issues had been identified by the provider and reported to the maintenance department.

A storage shed located to the rear of the premises required shelving in order to maximise its storage potential and ensure staff could easily access items stored in it. In addition, the second building required upkeep to its exterior, for example, some of the paint work was chipped and worn.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

All residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file and there was guidance for each resident regarding their meal-time requirements including food consistency, cutlery, and each residents' likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary

requirements.

Residents were encouraged to take part in grocery shopping and suitable foods were provided to cater for each resident's assessed dietary needs and preferences. Food was stored in hygienic conditions and access to refreshments and snacks was provided for.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however some improvements were required. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The fire panel was addressable and easily accessed in the entrance hallway. The inspector observed that a sample of the fire doors, including bedroom doors closed properly when the fire alarm was activated. However, it was also observed on the walk-around that a number of fire doors were missing self-closing mechanisms. This did not provide effective containment of fire and smoke and required review by the provider.

The inspector also observed that an oxygen tank was being stored on the floor of an office. This was highlighted to the programme manager's attention who had it removed and stored correctly, as per the manufacturer's guidance.

However, improvements were required to ensure suitable arrangements and procedures on an ongoing basis were in place for the safe storage of medical oxygen with due regard in terms of fire safety precautions and measures for such equipment.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the medicines practices in the centre, including the practices for the storage and administration of medicines, were appropriate and in line with their associated written policy.

The inspector observed that residents' individual medicines were clearly labelled and

securely stored in a locked press in the centre. The dates when medicines were opened was recorded to ensure that they were used or disposed of in the appropriate time frame.

The inspector viewed a sample of the residents' medication administration sheets and records. They contained the required information, as specified in the provider's policy, and were well maintained. The records indicated that residents received their medicines as prescribed, for example, at the appropriate time.

There were arrangements for the oversight of the medicines practices to ensure that they appropriate, for example, regular medication management audits were carried out.

Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed a sample of resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies. In addition, plans detailed precursor behaviours, triggers and setting events, to aid staff in how to best support residents.

There was a restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre. There were a number of restrictive practices in the centre, which had been assessed, logged and notified to the Chief Inspector of Social Services as per the regulations.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about

their safeguarding remit.

Residents' files contained person-centred and up-to-date intimate care plans. These plans detailed the supports required to protect residents' autonomy and dignity in delivering personal care.

Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

However, following review a number of interim safeguarding plans were overdue review. A safeguarding audit had been completed by the provider had also identified this and the programme manager gave assurances to the inspector that these would be reviewed.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for Stewarts Care Adult Services Designated Centre 9 OSV-0005838

Inspection ID: MON-0037893

Date of inspection: 23/01/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b>ACTION</b> Residents surveys will be completed and returned to the Quality department to capture residents consultation.</p> <p>A number of outstanding technical services issues have been followed up and are completed since inspection with an action plan of end February 2024 for completion of the rest of issues.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><b>ACTION</b></p> <p>Technical services have given schedule of works for outstanding items for repair or upgrade. These will be complete by end February 2024 for items such as;</p> <ul style="list-style-type: none"> <li>• Install radiator caps – 19.02.2024</li> <li>• Broken Blinds – 24.02.2024</li> <li>• Shed storage – install of shelving – 27.04.2024</li> <li>• Door closure – 24.02.2024</li> </ul> <p>Paintwork repair to extern of one building is under review and approved as weather dependent. Estimated completion date of 31.07.2024</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  <b>Action</b>  The fire officer reviewed the building and determined that a self-closing mechanism was required on one door in the building and this has been installed.</p> <p>The location and position of the oxygen tank has been addressed since the inspection. An appropriate holder is installed and the tank stored in same.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  <b>ACTION</b>  Outstanding safeguarding plans completed and sent to appropriate bodies. All safeguarding investigations will be managed within appointed timeframes for response.</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	31/07/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more	Substantially Compliant	Yellow	31/03/2024

	frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	20/02/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/02/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	20/02/2024