



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

Issued by the Chief Inspector

Name of designated centre:	Shiven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	07 February 2023
Centre ID:	OSV-0007803
Fieldwork ID:	MON-0030046

About the designated centre

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

Shiven Services can provide a mix of full time residential and respite services to a maximum of 6 individuals of mixed gender who are over 18 years of age and have varying levels of intellectual disability. The service can support individuals with mobility issues who do not require specialised equipment and can support those with medical, mental health and/or sensory needs, those with complex needs and those who may require assistance with communication. The service can support individuals who require different levels of support in areas of everyday living including community activities, housekeeping, shopping, personal care and maintaining family contact. Shiven Services consists of one dwelling comprising two bungalows attached by a glass corridor both providing a combination of living and sleeping accommodation. The centre is spacious with large bedrooms and has two large sitting rooms, two kitchen/diners, an office and a staff sleepover room. An accessible garden with an outdoor dining space and raised beds is attached. The centre is located on the edge of a rural town and has good access to a wide range of facilities and amenities. Residents are supported by a staff team of social care workers and care assistants. Staff are based in the centre when residents are present including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 7 February 2023	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with the person in charge and staff working in the centre. The inspector also met with three residents living in the centre and reviewed completed questionnaires which residents had completed regarding their views of the service. From a review of questionnaires, conversations with residents and staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed both in the community and in the centre.

Shiven Services is located on the edge of a rural town and has good access to a wide range of facilities and amenities. The centre consists of one dwelling comprising two bungalows linked by a glass corridor both providing a combination of living and sleeping accommodation. The centre provides a service for up to six residents. One bungalow accommodates three residents on a full-time residential basis and the other bungalow provides a respite service for three residents. The centre is spacious with large bedrooms, two large sitting rooms, two kitchen/diners, an office/staff sleepover room and a further staff sleepover room. Residents were accommodated in single bedrooms with an adequate number of bathroom facilities. Residents had access to a garden area with an outdoor dining space provided to the rear of the dwelling. There was a number of planted and colourful flowering container pots adjacent to the patio area, however, the main garden area required further maintenance in order to provide an area suitable for residents to enjoy. The house was generally found to be well maintained and in a visibly clean condition throughout. The person in charge advised that maintenance works to the garden, repair to wooden ramp and painting of the external walls to the house were scheduled to take place. Repair and maintenance works identified at the previous inspection had been addressed. For example, painting to the internal walls of the house had taken place, new furniture had been provided and kitchen work tops had been replaced.

The inspector met with three residents on the morning of inspection. Two residents were getting ready to attend their respective day services and another resident told the inspector how they were looking forward to going shopping in a nearby large town. All three residents were in good form, appeared content and relaxed in the company of staff and in their environment. Residents were observed going about their own morning routines, making cups of coffee, watching television, chatting and interacting with staff as they got organised to leave the centre at their own pace. They were happy to show the inspector their bedrooms which had recently been redecorated. Bedrooms were spacious and bright. Residents had selected their

preferred colour schemes, furniture and soft furnishings. Bedrooms were personalised with residents own effects, photographs and artwork. Adequate personal storage space was provided in each bedroom. One of the residents showed the inspector two new chests of drawers in their bedroom. Residents stated that they liked their bedrooms, the house and living with one another in the centre.

Staff continued to support residents in keeping active and partaking in activities that they enjoyed both in the house and out in the community. Residents were involved in making decisions about their preferred daily activities and each resident had their preferred daily and weekly activity schedule documented in an appropriate format. The centre had a vehicle which could be used by residents to attend outings and activities. Residents continued to enjoy activities such as going for walks, eating out, going shopping, attending music events, partaking in sporting activities, bowling, attending the cinema and going on day trips. Residents had recently enjoyed a overnight stay in a hotel. Residents also regularly visited the local post office, pharmacy and attended the hairdresser. Some residents enjoyed dancing and attending discos and table quizzes. Two of the residents had recently commenced attending a four week beauticians course. Residents also enjoyed spending time relaxing in the house, watching television, completing word searches and doing arts and crafts. Residents continued to build on their independent skills and helped out with household tasks such as laundry, cleaning, grocery shopping, preparing and cooking meals.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols, the human rights charter, staffing information, the complaints process and contact details for the designated officer were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Residents had access to telephones and computer technology. The person in charge outlined how improvements were being made to ensure better connectivity to the Internet. Some residents used their phones to listen to their preferred music and stay in contact with family and friends. Some residents had completed computer training course modules and another had completed an on line university course on assisted decision making.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home. Some residents visited family routinely at weekends.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very

much promoted.

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

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.
- to follow up on issues raised at the last inspection.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. The service was well managed and effectively overseen, improvements required following the last inspection had largely been addressed and outstanding external maintenance issues were planned.

The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. They regularly visited the centre and were in daily contact with staff. They were knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. The person in charge was supported in their role by the service coordinator and area manager. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

There were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern and demonstrated that a team of consistent staff was in place to ensure continuity of care and support. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. An additional staff member had been rostered at night time when residents were availing of the respite service in response to an identified risk since the last inspection. There was currently a vacancy for a team leader, the management team advised that recruitment for this post was due to take place.

Training was provided to staff on an on-going basis and there was a training plan in place for 2023. Records indicated that all staff had completed mandatory training. Regular team meetings were taking place at which identified areas for improvement and staff training updates were discussed and learning could be shared.

The provider had systems in place to monitor and review the quality and safety of

care in the centre including an annual review and six monthly unannounced audits. The annual review for January to December 2022 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2023 were clearly set out. Unannounced six-monthly provider led audits continued to take place. The most recent review had taken place in November 2022. Actions as a result of this review had either been addressed or were in the process of being addressed. For example, infection, prevention and control was now included as a standing agenda item for team meetings, and a review of the COVID-19 outbreak had been documented. The person in charge carried out regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management, complaints, fire safety, residents finances and personal plans.

The inspector was satisfied that complaints if received would be managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received and there were no open complaints. There were systems in place for recording, investigating and review of complaints.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They worked full-time, regularly visited the centre and were in daily contact with staff. They were knowledgeable regarding the assessed needs of residents. They had systems in place to ensure oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters were properly maintained and showed staff on duty

during the day and night. Staffing levels had been increased at night time in response to an identified safeguarding risk. Recruitment was in progress to fill the vacant team leader post.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection control, medication and epilepsy management had also been provided to staff. There was a training plan in place for the coming year and further refresher training was scheduled.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were made readily available to the inspector. Records were found to be well maintained in an organised and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of the service in this centre. There was a full-time person in charge and adequate staff on duty to meet the assessed needs of residents. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed. Issues identified at the last inspection had largely been addressed and some outstanding external maintenance issues were planned. The management team were committed to ensuring that the vacant post of team leader will be filled.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format and had been discussed with residents and their families. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received during 2022 and the person in charge advised that no complaints had been received to date during 2023.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies. The infection, prevention and control policy and cleaning guidance manual had been updated following the last inspection to provide comprehensive and clear guidance for staff. Staff had signed policies as having read and understood them. The inspector noted that policies were being implemented by staff.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where residents' rights and individuality were respected. Residents who the inspector met with and questionnaires completed by residents indicated that residents were happy with the service provided, enjoyed living at the centre, were comfortable in their environment and with staff supporting them.

While many improvements had been carried out to the premises, some further improvement works were required to the external areas of the centre. Further upkeep and maintenance works to the rear garden, repairs required to wooden ramp at the front entrance door and painting of the external walls to the house were scheduled to take place.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs. Residents were supported to identify and achieve personal goals including skill building goals and these were kept under regular review.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Safeguarding of residents continued to be promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required. The inspector was satisfied that a safeguarding incident notified to the Chief Inspector had been managed in line with the safeguarding policy. There was a safeguarding plan in place and following a risk assessment, additional staff had been rostered on duty at night time. The safeguarding plan was due for review in February 2023 and a meeting was scheduled

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. Residents had an option to attend day services if they wished, some residents liked to attend the service every day, some preferred to attend two days a week and another preferred not to attend but rather choose their own activities on a daily basis.

The layout and design of the houses suited the needs of residents. The centre was well maintained internally, comfortable, furnished and decorated in a homely style. As discussed previously in this report, further upkeep and maintenance works was required to some areas.

Overall, there were good arrangements in place to manage risk in the centre. There were systems in place to ensure that the risk register was regularly reviewed and updated. The person in charge had recently completed a health and safety audit, the results of which indicated satisfactory compliance.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed involving staff and residents. Evacuation times recorded provided assurances that residents could be evacuated safely in a timely manner.

There was evidence of good medicines management practices and policies to support and guide practice. Staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines management practices were regularly reviewed by the person in charge and all staff who administered medicines had completed training on medicines management.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were also supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area. Residents were supported to access education and to further enhance their skills. For example, two residents had recently commenced a beauticians course. All residents had recently attended a health and safety training workshop and obtained certificates of achievements in areas such as First Aid, road safety and fire safety.

Judgment: Compliant

Regulation 17: Premises

Some external parts of the premises required repair and maintenance. Further upkeep and maintenance works were required to the rear garden. Defective wooden boards to the front entrance area ramp required repair. The external walls to the side and rear of the house required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own food if they wished. There was adequate facilities in the house including refrigerated storage for residents to store food hygienically. Residents could choose their preferred meals. Minutes of residents house meetings reviewed showed that menus were discussed and planned on a weekly basis. Residents were supported to eat out in local restaurants and also to get take away meals of their choice.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, emergency plan, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Issues identified during the last inspection had been addressed. Infection prevention and control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. There was a comprehensive cleaning manual in place and cleaning records reviewed showed that cleaning was completed on a regular on-going basis. The house and equipment in use were found to visibly clean. Staff working in the centre had received training in various aspects of infection prevention

and control and were observed to implement this training in practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Staff spoken with were knowledgeable regarding the workings of the fire alarm system. Regular fire drills continued to take place. Fire exits were observed to be free of obstructions. All staff had completed fire safety training. Residents had attended a training workshop in relation to fire safety. Fire safety was discussed with residents at weekly house meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place to guide practice in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Medications were stored securely and medicines that required a specific storage temperature were stored appropriately. There were systems in place for checking medicines on receipt from the pharmacy. All medicines were being checked by two staff at the change of each shift.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives where appropriate and regular reviews took place to track progress of identified goals. Files and photographs reviewed showed that residents had been supported to achieve their chosen goals during 2022. Goals achieved during 2022 included creating a cookery book, buying a musical instrument, going on a boat trip, completing work

experience, attending a music concert, going on a shopping trip to Dublin, staying overnight in a hotel, joining a soccer club and attending a golf programme.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents files indicated that residents had been regularly reviewed by the psychologist, physiotherapist, occupational therapist (OT), dentist and optician. Staff advised that there were delays in accessing the services of a dietitian and that one resident was waiting on an assessment, however, in consultation with the resident they were trying to access a private service.

Judgment: Compliant

Regulation 7: Positive behavioural support

A resident who required support with behaviours that challenged had a behaviour support plan in place. Staff continued to promote a restraint free environment. There was one restrictive practice in place for one resident while availing of transport. Documentation to support the use of this restrictive practice was in line with national policy.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Residents had recently attended training on 'staying safe online' and had attended a presentation on safeguarding delivered by the designated officer. The 'right to feel safe' document had been discussed with all residents during a weekly house meeting.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents continued to be consulted with and topics such as the human rights charter, staying safe guide and complaints procedure were discussed. Residents had access to telephones and computer technology. Improvements to the Wi-Fi were taking place to ensure residents had better connectivity to the Internet when using their mobile phones and hand held computer devices.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shiven Services OSV-0007803

Inspection ID: MON-0030046

Date of inspection: 07/02/2023

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> <ol style="list-style-type: none">1. External Painting – landlord contacted on 20/02/2023. Painting to external walls to be completed by landlord on 31.05.2023.2. Service maintenance team contacted in relation to garden maintenance, this is scheduled to be started in April 2023.3. Facilities department contacted to repair external ramp due to defected wood boards to front of house entrance. This work was completed on 21.02.2023.	

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	31/05/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2023