

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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Villa
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0002995
Fieldwork ID:	MON-0037753

## About the designated centre

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

Shannon Villa provides care and support to four adults with disabilities. The designated centre is a bungalow which has been adapted to meet the accessed care needs of the residents. It is situated within easy access of a large town in Co. Meath and, a house vehicle is available to the residents. Residents attend day services locally and for those who chose not to attend a day placement, they are supported at home by staff to complete activities of their choosing with an emphasis on skills teaching. Each resident has their own room which are decorated to their individual style and preference. Communal facilities include a large sitting room, a kitchen cum dining room and a number of bathrooms. There are also large gardens to the rear and front of the house with ample private and on-street parking. The house is staffed on a 24/7 basis to include a person in charge, a house manager, staff nurses, social care workers and a team of support staff.

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

Number of residents on the date of inspection:	4
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## How we inspect

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 4 February 2025	10:00hrs to 15:50hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to make a decision on the renewal of the registration of the centre. At the time of this inspection, there were four residents living in the centre and the inspector met with all of them over the course of the day. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone on the day of the inspection so as to get their feedback on the service provided

The centre comprised of a detached house in a residential area in Co. Meath and was in walking distance to shops, restaurants and pubs. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was compact, clean, warm and welcoming. Each resident had their own individual bedroom and they were decorated to their individual style and preference. One resident had their own apartment area in the house comprising of a sitting room, kitchenette and ensuite bedroom. The house also had a kitchen/dining room, a sitting room, a utility facility and two bathrooms.

The inspector met three residents on the morning of the inspection. One said that they were going shopping in town for items they wanted and also had a reflexology appointment to attend. The resident was in good form and looking forward to their day out. They told the inspector that they were happy in the house and happy living there.

Another resident was relaxing watching television in the sitting room. They did not speak directly with the inspector however, they appeared settled and content in their home and were observed to be enjoying their favourite television programmes. The person in charge informed the inspector that this resident loved spa breaks and was soon going away on a short holiday break to relax and enjoy.

A third resident was in their room. They appeared in very good form and greeted the inspector. They said that they were very happy living in the house and had everything they needed. They also said that they had recently bought a new armchair for their bedroom and were awaiting for it to be delivered. Their room was observed to be decorated to their individual style and preference and was warm and cosy.

The fourth resident was at their day service. The person in charge informed the

inspector that this resident enjoyed their day service and had a range of social, recreational and learning activities to participate in while there. For example, they enjoyed swimming, arts and crafts, completing a healthy living course, listening to music and participating in quizzes.

The inspector met with this resident later in the evening when they got home. They appeared in very good form and said that they had a good day. They also invited the inspector to see their apartment which was personalised to their individual style and preference. They also said that they were very happy in the house. They had their own small garden/patio area with furniture to the rear of the apartment that they could avail of in times of good weather. They also liked gardening, relaxing watching television and having a cup of tea.

The resident had a landmark birthday coming up later in the month and they told the inspector that they chose to have a James Bond theme for their celebrations and birthday. They were a fan of these films and had already hired a tuxedo for the event, hired the hotel and were making arrangements for party. They were inviting family and friends and, the person in charge informed the inspector that they were also hiring a vintage car to drive the resident to the hotel on their big day. The resident told the inspector that they were really looking forward to their party.

On review of the residents person centred plans the inspector noted that residents were supported to participate in community-based activities such as go to the shops, restaurants, pubs, barbers and beauticians. Residents were also being supported to engage in activities of interest such as participate in charity events, go on holiday to Spain and England (where they visited the set of some of their favourite TV programmes), go on a cruise, avail of spa treatments, enjoy city breaks (to Dublin and Belfast), attend concerts and go to the theatre.

The person in charge informed the inspector that staff had undertaken training in human rights and supporting the individual choices of the residents was important. On reviewing written feedback on the service from all four residents the inspector observed that they all said that they made their own decisions and chose what to do each day. They also said that they felt listened to by management and staff, were included in decisions made about their house and where required, had support with decision making.

Residents also said that the house was a nice place to live, they liked the food options, they were happy with their rooms, staff were nice and supportive, they could make a phone call and receive visitors in private, got to go on lots of outings and trips, they got along with the people they lived with and felt safe in their home.

Written feedback on the service from family members was also positive and complimentary. For example, one family member thanked the staff for the care and support they provided and said that the staff team had a great relationship with the residents. Another family member said that the residents were well cared for, looked great and got to spend their money on things they liked to do. Additionally, family members said that staff were courteous, helpful and respectful. They were supportive of residents achieving their goals and choice of activities and had no

complaints about the living environment. Two family members reported that the service met their expectations, they would recommend it and it was excellent with one saying, this was largely down to the staff team.

One family member spoken with over the phone on the day of this inspection was highly complimentary of the staff team and of the quality and safety of care provided in the house. They said that the care was excellent, the staff team never disappoint and couldn't be praised enough. They also said that they were kept updated on how their relative was getting on in the house to include attendance at any medical appointments and that their healthcare-related needs were well provided for. They informed the inspector that their relative was very happy with their accommodation, they saw it as their home and was very happy living there. Additionally, their relative had a great social life, staff made sure their yearly goals were achieved, they were a member of a social club and got to go on holidays. The family member also said they spoke to their relative on a regular basis (via video calls), they had everything they needed in their home, staff were accommodating and respectful of their relatives choices. When asked had they any complaints, the family member said none whatsoever and had no issues with the quality or safety of care provided to their relative.

Towards the end of the inspection the inspector got to see three of the residents again for a short period of time. They all appeared in good form and very much at home in their surroundings. Two of them were preparing to go for an evening walk with a staff member before dinner and the one was observed enjoying the company of staff in the kitchen while preparing a snack.

While minor issues were identified with the premises and one policy, they were not impacting on the quality of care provided in the house. Over the course of the day the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from family members on the quality and safety of care was positive and complimentary.

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 care provided to the residents

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a

person in charge. The person in charge was a qualified nursing professional, demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from December 2024/January 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 (the 2024 annual review was not due for completion until the end of February 2025) and, a six-monthly unannounced visit to the centre had been carried out on September 02, 2024. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

#### Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision and management of staff members.

They also demonstrated a knowledge of the assessed needs of the residents in their care.

Judgment: Compliant

## Regulation 15: Staffing

A review of a sample of rosters from December 2024/January 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- two staff worked a twelve hour shift each day (one worked 8am to 8pm and the other worked 9am to 9pm)
- one staff member worked waking night duty from 8pm to 8am each night.

The person in charge maintained actual and planned rosters in the centre. Staff files were not viewed as part of this inspection process however, the Regional Director confirmed in writing that all staff had the documentation as required under Schedule 2 of the Regulations - S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Staff were knowledgeable on the assessed needs of the residents and one staff member spoken with, was able to talk the inspector through one of the care plans in place for one of the residents.

Additionally, a family member spoken with over the phone on the day of this inspection was highly complimentary of the staff team.

Staff files were not viewed as part of this inspection process however, the Regional Director confirmed in writing that all staff had the documentation on file as required under Schedule 2 of the Regulations

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the records of three staff members (a staff nurse, a social care worker and a support staff member), the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- manual handling

- fire safety
- safe administration of medication (for non nursing personnel)
- administration of rescue medication (for non nursing personnel)
- management of behaviour/positive behavioural support
- dysphagia
- Children's First
- infection prevention and control (IPC)
- open disclosure
- basic life saving
- dementia training.

Staff had also undertaken training in human rights. Examples of how they used their training so as to respect and promote the individual choice and preferences of the residents was included in section one of this report: *'What residents told us and what inspectors observed'*.

Additional training for staff included the following:

- communication
- assisted decision making
- advocacy.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service as detailed in line with the statement of purpose.

There was an experienced and qualified person in charge managing the day-to-day operations of the centre. They were supported in their role by an experienced and qualified director of care and support, nursing staff, social care workers and a number of direct support workers.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been carried out for 2023 (the 2024 annual review was not due for completion until the end of February 2024) and an unannounced six monthly visit had been carried out in September 2024.

Additionally, localised audits were being carried out by the person in charge. On completion of these audits actions were being identified and addressed.

For example the auditing processes identified the following:

- some person plans required review/updating
- the main bathroom required an upgrade
- a wardrobe required replacing
- some staff required refresher training

- an ensuite bathroom floor require replacing

These actions had been addressed (or plans were in place to address them in a timely manner) at the time of this inspection.

The person in charge also had systems in place for the development and performance management of their staff team. Systems were in place to support staff to raise any concern about the quality and safety of care provided to the residents.

One staff members spoken with informed the inspector that they would speak to the person in charge at any time if they had any concerns about the quality or safety of care provided in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) the Regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The organisational policy on data retention required review and updating as identified in the quality enhancement plan for the service.

Judgment: Substantially compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs and individual choices.

Residents were supported to access facilities for recreation and provided with opportunities to participate in activities in accordance with their interests, capacity and assessed needs.

Systems were also in place to meet their emotional well being and healthcare-related needs.

Policies, procedures and practices were in place to safeguard the residents however, at the time of this inspection there was no open safeguarding concerns. Systems were also in place to manage and mitigate risk and support the residents safety.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

The house was found to be clean, compact, warm and welcoming on the day of this inspection and residents appeared very much relaxed and at home in their surroundings. It was observed that some minor works were required to the premises to include paintwork and the kitchen units.

Overall this inspection found that the choices and preferences of the residents were promoted and supported by the staff team. On the day of this inspection the residents appeared settled, happy and content in their home and staff were observed to support them in a caring, kind and person centred manner.

## Regulation 10: Communication

Residents were assisted and supported to communicate in line with their assessed

needs and wishes.

Additionally, they all had a communication passport on file detailing their preferred style of communication.

Residents also had access to telephones, personal computers, Internet, television and radios.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to access facilities for recreation and provided with opportunities to participate in social activities in accordance with their interests and assessed needs.

Some residents attended a day service where they engaged in a range of social, recreational and learning activities to include swimming, arts and crafts, completing a healthy living course, listening to music and participating in quizzes.

Residents also enjoyed spa and hotel breaks, going on holiday abroad, going on a cruise, attending concerts, going to the theatre, having meals and a pint out, shopping, going to the barbers/beauticians, going for walks and going for drives.

Birthdays and other special occasions were celebrated and marked taking into account the residents' expressed preferences.

Residents were also supported to maintain contact with their family members. One family member spoken with on the day of this inspection said the residents had a great social life.

Judgment: Compliant

### Regulation 17: Premises

The house was found to be compact, clean, warm and welcoming on the day of this inspection.

Each resident had their own individual bedroom and they were decorated to their individual style and preference.

One resident had their own apartment area in the house comprising of a sitting room, kitchenette and ensuite bedroom.

The house also had a kitchen/dining room, a sitting room, a utility facility and two bathrooms.

Maintained garden areas to the front and rear of the property (with garden furniture) were available to the residents to use in times of good weather.

It was observed however, that minor works were required to the premises to include some paintwork and the kitchen units.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the residents safety in the house.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk of a fall was identified the following controls were in place:

- hand rails were in place where required
- good house keeping practices were in place (for example, spillages were cleared immediately)
- signage was available to alert residents to wet floors
- where required, residents had a falls risk assessment in place.

Additionally, where a resident may refuse to follow specific recommendations from an allied healthcare professional and/or disengage from a specific medical check, the following supports were available:

- staff had training in the related area and had basic life saving training
- ongoing support was provided for from allied healthcare professionals
- education was provided to the resident regarding the issue and risks involved
- care plans were in place to guide practice
- where required, the issue was discussed with the residents GP

The inspector also observed that residents had as required access to a range of allied healthcare professionals and had an annual check up of their overall health with their GP. Additionally, as required access to GP services was provided for.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example,

- the fire alarm system had been last serviced in March and July 2024 and again in January 2025
- the emergency lighting system was also serviced in March and July 2024 and again in January 2025
- the fire extinguishers were also serviced in April 2024

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files, they had training in fire safety precautions.

Fire drills were being conducted as required by the regulations. For example:

- a drill conducted in November 2024 informed it took staff and all four residents one minute and ten seconds to evacuate the premises with no concerns noted
- another drill conducted in January 2025 informed it took staff and all four residents 27 seconds to evacuate the premises with no concerns noted.

Additionally, each resident had an up-to-date personal emergency evacuation plan in place detailing the supports they needed in completing a fire drill.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- optician
- physiotherapy
- dietitian (phone consultation)
- chiropody/reflexology
- speech and language therapy
- dentist

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with was able to guide the inspector through one care plan related to one resident

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans where required, were also in place which guided staff on how to provide person-centred care to residents that required support with managing behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plan.

Over the course of the inspection the inspector also observed staff supporting the residents in a reassuring, calm, and person centred manner. Residents also appeared to be relaxed and happy in the company and presence of the staff team.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection, there were no open safeguarding concerns in the centre.

The inspector also noted the following:

- one staff member spoken with said they would have no issue reporting a safeguarding concern to management if they had one.
- the concept of safeguarding was discussed at staff meetings and with residents at their meetings.
- at the time of this inspection there were no open complaints on file about the quality or safety of care
- information on advocacy and how to make a complaint was readily available in the centre
- feedback from one family member on the service was positive and

complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service.

- in their feedback on the service residents reported they felt safe in their home.

The inspector also noted that staff had the following training:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- Children's First

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in social and recreational activities that they liked and enjoyed.

Additionally, residents were very involved in their personal plans and goals.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

In their feedback on the service, residents expressed satisfaction that their rights were promoted and that staff were respectful of their choices and preferred routines. One family member spoken with also said that staff were respectful of the individual choices and preferences of the residents.

Staff also had training in human rights, advocacy and assistant decision making. Examples of how they used their training so as to respect and promote the individual choice and preferences of the residents was included in section one of this report: *'What residents told us and what inspectors observed'*.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shannon Villa OSV-0002995

Inspection ID: MON-0037753

Date of inspection: 04/02/2025

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The Organizational Policy on data retention is in date and the QEP is amended to reflect this.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  Minor paint works are scheduled for 10th March 2025. Quotes being sourced for kitchen units and a business case will be submitted to HSE for capital funding for this work.	

## 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	14/03/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	06/03/2025