Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clanntara
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	11 March 2025
Centre ID:	OSV-0003373
Fieldwork ID:	MON-0037992

About the designated centre

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

The Health Service Executive runs this designated centre. The centre provides residential care for six adults who have intellectual disabilities. The centre comprises a bungalow dwelling located on the outskirts of the nearest town. Residents each have their own bedroom and there are some en-suite facilities and some shared bathrooms, a reception area, sitting and living room, utility, kitchen, staff office and garden space. Staff are on duty both day and night to support the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 11 March 2025	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with regulations and standards and to help inform a registration renewal decision.

During the course of the inspection the inspector spoke to the person in charge, the person participating in management and two staff members on duty on that day, reviewed documentation and made observations throughout the day on the daily lives of residents.

On arrival at the centre, the inspector immediately observed that external maintenance issues identified during the previous inspection of been addressed, for example the garage doors had been replaced.

There were six residents living in the centre on the day of the inspection, and the inspector met all of them, and spent some time with them during the inspection. On arrival at the centre the inspector found that one of the residents was at home, and this resident greeted the inspector. It was clear that they had been informed by staff that an inspector would be visiting their home, and they appeared to be comfortable with the visit. They had a chat with the inspector, and were happy for the inspector to visit their personal bedroom. The resident was enthusiastic about showing the inspector their room, and in particular pointed out their bed, which had a velvet headrest, and pointed out their bed linen which they had chosen.

Staff explained later that this was a new purchase that the resident was particularly proud of. The resident was also keen to show the inspector their family photos, and pointed out various members of their family in the photos, named them and explained to the inspector who they were.

The other residents were all out at their day time activities, and the staff explained that there were day services that all residents attended, and that they also each had 'days off' where they were supported by staff to spend time in their home. Given the aging population of residents in this designated centre, the inspector was assured that their changing needs were being accommodated.

During the afternoon the other five residents gradually returned home, and each of them greeted the inspector, and it was clear that they had all been informed about the visit.

One of the residents immediately invited the inspector to see their personal bedroom, and showed some of their personal items. They asked the inspector to look at their en-suite bathroom, and indicated some discolouration on the walls. The inspector followed this up with the person in charge, and found that the issue had been identified, and a request for maintenance had been made. The resident chatted to the inspector about their activities and their house, and the resident said

that this was their home, and that they were very happy.

Another resident had an area in one of the three communal rooms that they used for their craft work, and had a bit of banter with the inspector about their chair that the inspector was occupying. They said that it was ok with them that the inspector used their chair and table for the day. They also took the opportunity to point out their artwork, and explained that this was a hobby that they enjoyed, and that they had gifted some of their pieces to others, including the person on charge, who praised the artwork and said that she had it displayed in her home.

The inspector conducted a 'walkaround' of the centre, and found that it was appropriate to meet the needs of residents, and that it was homely and personalised. There was some unnecessary signage relating to staff activities, but this was addressed and rectified during the course of the inspection.

The inspector reviewed the questionnaires that had been distributed to relatives in relation to compiling the annual review for 2024. There was an overwhelming positive response, and some of the comments made by relatives included 'it's a lovely little family' and comments about the high standard of care and support provided to the residents.

The inspector observed the interactions between staff and residents throughout the day and saw that residents referred to staff continually with requests, or with chat about their day.

Overall, it was evident that residents were happy in their home, and when specifically asked by the inspector, struggled to think of any improvements that they would like. One of the residents simply said 'this is my home', as if that explained everything.

However, some improvements were required in the consistency of auditing, fire safety at night and the documentation relating to some 'as required' medications as further discussed in the following sections of this report.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective in many areas of care and support, although some improvements were required in auditing. There were outstanding actions from the previous inspection in relation to some audits and monitoring staff staff meeting sign in

sheets.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff. She had a detailed knowledge of the support needs of residents and of her role under the regulations. All the required notifications had been submitted to the Office of the Chief Inspector within the expected timeframes.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents.

Regulation 15: Staffing

While there were sufficient numbers of staff to meet the daily care and support needs of residents, there was only one staff member on duty overnight, and as further discussed under regulation 28, the inspector was concerned that one staff member might be insufficient to ensure the safe evacuation of residents in the event of an emergency overnight.

A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, and where agency staff were used they were known to the residents.

The inspector spoke to the person in charge and two staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents.

The person in charge had undertaken and audits of staff files in December 2024, and was assured that all the documents required under Schedule 2 of the regulations were in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Additional training had been undertaken in relation to the specific support needs of residents including feeding, eating, drinking and swallowing, epilepsy and human rights.

There was a schedule of supervision conversations maintained by the person in charge, and the schedule was up to date. Daily supervision was undertaken by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. However, the provider had failed to complete some of the agreed actions from the previous inspection.

On the previous inspection the audits of care plans and person centred plans were found to be inadequate in that they only checked for the presence or absence of various documents, but did not examine the quality of the content of the documents. On this inspection audits of personal plans had not been completed. In addition, the last inspection found that while there were sign in sheets available to staff to indicate that they had read the minutes of staff meetings, particularly if they had not attended the meetings, these sign in sheets were not monitored. This was still the case on this inspection. The inspector reviewed the sign in sheets of the previous two meetings and found that not all staff had signed.

However, various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in draft form. These processes identified required actions, and even where no failings had been identified, some actions required to maintain good standards were identified.

Regular staff meetings were held, and a record was kept of the discussions which included detailed discussions about the care and support needs of each resident.

Overall, while there were some effective monitoring systems in place, improvements were required in some of the audits, and in ensuring that agreed actions were completed.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of their support needs.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to the residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

A log of any complaints was maintained, and any recent complaints had been addressed or were in progress, so that it was clear that complaints were taken seriously and resolved where possible.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, and to have a meaningful day.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

There were risk management strategies in place, and all identified risks had effective management plans in place, and improvements were made in the risk management plan relating to lone working during the course of the inspection.

Improvements were required in the management of fire safety to ensure that residents could be evacuated in the event of an emergency.

The rights of the residents were well supported, although the introduction of CCTV to the external areas of the premises required meaningful consent from residents. Communication with residents was given high priority. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicate. This was clear from the observations made by the inspector

during the course of the inspection and from discussions with staff. For example, one of the staff members spoke about the way in which they would ensure that the views of all residents were sought, both at residents' meetings, and individually.

There was a 'communication passport' in place for each resident and the inspector reviewed two of these. The documents were detailed in both the ways that residents communicate, and the best ways to ensure their understanding. For example, the passport for one of the resident guide staff to speak clearly and directly, and described the way in which the residents' expressive communication would slow down if they were excited about something.

Accessible versions of information had been made available to residents to assist understanding, for example there was an easy-read version of the residents 'guide, of financial management and of information around safeguarding. A social story had been developed to help staff to explain to residents about this inspection.

It was clear that communication with residents was well managed, and that all efforts had been made to ensure that the voices of residents were heard.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' finances were well managed. The balance of personal moneys was checked by two staff each day. Receipts were kept of any purchases, and each transaction was signed by two staff members. A running total was kept, and the balance of one of the records was checked by the inspector and found to be correct.

There were record of the possessions of each resident maintained in their personal plans, however some of the larger items observed by the inspector were not on the list, and some items which were no longer in the possession of the residents remained on the list. It was therefore not clear that the record was contemporaneous or accurate.

Judgment: Substantially compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

As part of the detailed assessment of needs in place for each resident there was a social and recreational needs assessment, which outlined the individual supports

each resident needed.

There was a schedule of weekly activities in place for each resident, which included activities in the community, and 'days off' at home. Each resident had a person centred plan and there was an annual review of each of these plans at which goals were set with residents. Some of these goals related to events such as holidays and weekends away, and each goal was broken down into small steps, to support the achievement of the goals. Staff supported residents to implement each of the steps, and progress was recorded.

Some residents had an interest in pets, and recently 'dog therapy' had commenced, whereby a dog was brought to visit the house. As one of the residents did not like dogs, this was arranged on a day when they were at their day service.

The inspector reviewed the daily records of activities, and found them to be documented in detail, including activities and the implementation of care plans, and was assured that each resident was well supported in choosing activities, and in making their own decisions.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to the resident. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk management plans included the risk associated with road safety, aspiration and cutting of nails, and each of these included sufficient detail as to guide staff and to ensure that the risks were mitigated.

There were also risk management plans in relation to local and environmental risks, including the risk of lone-working overnight in the centre. However, while the risk management plan for this risk referred to the on-call system whereby the staff member has access to support if required, and identified the risk of a staff member becoming incapacitated during the shift, it did not include any control measures to mitigate this risk. This was rectified during the course of the inspection by the immediate introduction of a 'buddy system' whereby the staff member made contact with the staff of another designated centre in the locality at predetermined times during the shift.

It was then evident that the person in charge had clear oversight of risk management in the centre, and that residents were supported safely whilst maintaining their independence.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety, although significant improvements were required in the management of emergency evacuation of residents.

There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident, giving guidance to staff as to how to support each resident to evacuate.

However, the records of night time fire drill undertaken in April 2024 indicated that the time taken to evacuate all residents was over eight minutes. The person in charge had identified this issue and sought support, and in response weekly fire drills had been undertaken for a month, and on-site training had been undertaken with staff. However, the shortest evacuation time attained during that period was seven minutes and eleven seconds in May 2024, and no night time fire drill had taken place since then. In addition, there was no system of monitoring to ensure that every staff member had been involved in a fire drill.

There was a personal evacuation plan in place for each resident, and the inspector reviewed all of them. Five residents required some level of prompting or assistance during a fire drill, such as 'needs help with glasses' or 'needs staff to hole their hand'. As there was only one staff member on duty at night the inspector was not assured that all residents could be safely evacuated in the event of an emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications for the most part. The inspector reviewed the practice in relation to administering medication with a staff member and it was clear that it was appropriate and in accordance with best practice.

The residents had a current prescriptions, and staff were knowledgeable about each medication. Medications were supplied by the local pharmacist both in 'blister packs' and loose, and receipt of medication orders was carefully checked. Where medications were supplied loose in containers, there were regular checks on stocks, and a reducing balance was maintained. The stock of medications checked by the inspector was correct.

However, there was insufficient information in the protocol for a 'PRN' (as required) medication for one resident. The protocol stated that the medication should be administered for anxiety, but did not give any description of how the resident presents with the anxiety. There was a care plan in pace which included guidance for the management of anxiety, but this care plan did not describe the exact conditions under which the medication should be administered, so the inspector was concerned that the staff team might not be consistent in their approach to administering this medication.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There had been recent changes in the presentation of one of the residents that had been responded to in a timely manner.

There were detailed healthcare plans in place, for example there was a plan in relation to skin integrity and another relating to nutritional needs. These plans included detailed guidance for staff, and there was clear evidence that the plans had been implemented. For example a fluid balance chart for one resident was maintained and was easily accessible.

Residents had access to various members of the multi-disciplinary team (MDT) as required, including a dietician, a speech and language therapist, and an occupational therapist. Some residents were under the care of the 'Mental Health in Intellectual Disabilities' team.

Health screening had been offered to residents, and either implemented or considered and ruled out.

The inspector was assured that healthcare was given high priority in this designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents in making choices, and in having respect for each resident. Residents were supported in making choices by effective management of communication in accordance with their needs, and staff were knowledgeable about the best ways in which to communicate with each

resident.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks, activities and clothing were all made by each resident. A resident had recently indicated to staff that they would like a tv in their room, an they had been supported to source this, and it was now in place in their room.

Residents were supported to maintain their friendships and to have social events. The organisation had developed a 'circle of friends' group, whereby residents throughout the local area met up and planned events together. One of the residents had an important role on the committee of this group, and was involved in planning various activities.

It was clear that residents were consulted with and involved in decision making about their own lives and activities, however, there was a system of CCTV around the grounds of the centre, and there was insufficient evidence that residents had been made fully aware of this, or that their consent had been sought.

There were screens continually displaying the images from the CCTV in the staff office, and six external views were displayed, including the new patio area which had been developed for the use of residents in their leisure time, and the area at the back of the house that residents used to hang out their laundry. There were no evidence of consent having been sought from each individual resident. While there was a brief comment in a recent resident's meeting that CCTV had been explained to them, and that 'all agreed' there was no individual record, and no evidence of accessible information to ensure residents' understanding of the system, or that residents had been shown the screens so that they could see exactly what the intervention meant.

The person in charge and the person participating in management undertook to address this issue, and during the course of the inspection the person participating in management presented an easy-read copy of the intervention. One resident came and asked for a copy for their folder and took it away with them.

However, apart from this issue, residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room. There were also various communal areas including living areas and outside areas.

While any required actions identified in the previous inspection had been addressed,

and most areas of the house had been well maintained, there were some outstanding maintenance issues. There were some repairs required in the bathroom areas, and some of the paintwork throughout the house required attention where it had become scuffed and unsightly. However, it was evident that residents made use of all the communal areas of the house, and that each had their own preferred areas in which to spend time.
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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Clanntara OSV-0003373

Inspection ID: MON-0037992

Date of inspection: 11/03/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Night time fire drill carried out on April 2025 with one staff member and 6 residents. All residents were evacuated in less than 4 minutes and no concerns noted/raised by staff who supported the Fire Drill. Ongoing Fire Training session with Fire Training provider ensuring that all staff are involved in safe evacuation of all residents. Staff will be afforded time and opportunity to carry out compartmental evacuation based on various scenarios being explored and simulated. PIC and PPIM have also liaised with Local Fire Department and noted the Eircode of designated centre with number of staff allocated on day and night duty and number of residents who reside there. Close monitoring of all Fire Drills is ongoing and any learning from same shared with the staff team.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A further review of the Audit schedule was carried out on 08/04/2025 and agreed by CNM2's, ADON's and DON. This ensures the PIC is clearly aware of which Audits are to be carried out each month. These audits will then be sent to the ADON's for review and sign off. An Audit of personal plans was completed on 14/04/2025 and as per Audit schedule will be competed monthly via the new nursing care metric audit programme which includes indicators of quality.	

Minutes of team meetings will be left out in a designated area within the office area for all staff to sign following any further meeting. PIC will file same away once all staff have signed same.
Sign off of meeting minutes by staff will be discussed and an agenda item at every team meeting going forward. PIC will meet with any staff member who continues to not sign that they have read and understand the minutes and sign off of minutes will also be discussed in staff support sessions.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
All residents inventorys have been updated. This included removal of items that were not longer in possession and updating with any items which were not on the inventory. Keyworkers will now complete a monthly review of their key residents inventory as part of the monthly resident review process which will ensure that no omissions arise with each residents inventory and that same are kept accurately upto date.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Night time fire drills are completed twice yearly. A night time fire drill was completed on 11/04/2025 at 6.30am and another one will be scheduled for August 2025. The night time drill on 11/04/2025 was completed in under 4 minutes and no concerns raised by staff member following this.
All staff will be afforded the opportunity to simulate various scenarios in regards to the safe and prompt evacuation of residents. A record of each staff member's participation in fire drills will be maintianed to ensure oversight that all staff have partaken in drills to ensure familairty with fire evacuation procedures.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The resident's PRN protocol was updated on 16/03/2025 to include a clearer description of how the resident presents when they are anxious. The care plan was also updated and refers to the PRN protocol for when to administer this medication.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Easy read documents in relation to CCTV were printed for each resident and are readily available in all residents easy read boxes. The PIC and staff team have discussed CCTV with all residents individually and a consent form was signed by each resident. This consent form has now been made an appendix to the CCTV policy for the service. To promote shared learning this appendix has been shared service wide and is in operation in all areas where CCTV is in place.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance department were informed of the repair works required in bathrooms area. All repairs were completed on 16/04/2025. There is a plan to have all flooring replaced by 31st of July 2025 following completion of all floors the house will be fully painted as agreed with Senior management and maintenance department.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	14/04/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	11/04/2025
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	10/08/2025

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	16/04/2025
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is	Substantially Compliant	Yellow	16/03/2025

	kept in the designated centre is stored securely.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	14/03/2025