



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

Issued by the Chief Inspector

Name of designated centre:	Whitehills
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	08 November 2022
Centre ID:	OSV-0002683
Fieldwork ID:	MON-0036715

About the designated centre

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

Whitehills is a designated centre which comprised two houses and is registered to provide a residential service to six adults. This service is designed to provide a service to residents with a diagnosis of autism or Asperger syndrome and residents may also attend the services of the mental health team. Each resident had their own bedroom and are supported to attend their local community in line with their expressed wishes. Each resident also had the option to attend individual day services and some residents were also assisted to attend paid employment. Residents were supported by care assistants and team leaders and a sleep-in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was provided by the centre and public transport links were also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 8 November 2022	10:00hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre, staff on duty 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 centre comprises two detached houses, with each house accommodating up to three residents. Both houses are located within close proximity of one another, in residential areas of the city suburbs and close to a range of facilities, amenities and shops. On the day of inspection, there were five residents living in the centre and one resident was at home with their family at the time.

The inspector met with staff working in both houses, the person in charge, reviewed documentation and inspected both houses. The inspector met and spoke with one resident in each house.

On the morning of the inspection, the inspector visited one of the houses. Some residents were still in their rooms in line with their preferred routines. The inspector met with one resident as they helped themselves to a late breakfast. They told the inspector that they were happy living in the house and liked their bedroom which they described as being like a penthouse. They said that had their own flat screen television and comfortable swivel chair in their bedroom. They spoke about looking forward to going on holiday with another house mate and staff in the coming weeks. They mentioned enjoying regular visits to family and described how they enjoyed getting the bus independently to go to town, shopping, going to the gym and attending drumming classes. The resident appeared happy, content and comfortable in their environment. They mentioned their only complaint was that the radiator in the bedroom was not heating up correctly. Staff spoken with confirmed that the issue had been raised with the maintenance team who were due to visit the house and repair the radiator.

The first house visited was two storey, detached and dormer style. It was found to be spacious, bright and comfortably furnished in a homely style. Each resident had their own bedroom located on the first floor. One of the bedrooms had en-suite shower facilities and there was a separate shower room which was shared by two residents. There was a variety of communal day spaces provided including a large sitting room, dining room, kitchen and sun room. There were framed photographs of residents enjoying a variety of activities and residents artwork displayed throughout the communal areas of the house. There was a laundry room which included storage for cleaning equipment and a staff office and or sleepover bedroom provided. Residents had access to a garden and patio area at the rear of the house. While the house was generally found to be maintained in a visibly clean condition internally, the external areas of the house required cleaning and maintenance. Some of the

wooden floors were noted to be defective and required repair. The person in charge outlined that repair and maintenance works had been identified, that a builder had been appointed and was due to carry out the identified works.

The second house visited in the afternoon was a large detached two-storey dwelling. The person in charge outlined how this house had been privately rented but was in the process of being purchased by the organisation. She advised that the sale was due to be completed by December 2022. Each resident had their own spacious bedroom, one bedroom had en-suite shower facilities and there was a shared bathroom used by two residents. There was a variety of communal day spaces provided including a large sitting room, dining room, kitchen, small reading room and snug area. At the time of inspection, works were well advanced in relocating the staff office to the first floor bedroom area so as to provide an additional living room space for residents. Residents had chosen a new three seater sofa, armchairs and flat screen television which had been recently purchased. While the house was found to be spacious, bright and comfortably warm, it was found to be in need of repainting and redecoration. The person in charge advised that once the purchase of the house was complete, it was planned that the entire house would be redecorated and that the kitchen and bathrooms would be upgraded. Residents had access to a garden area at the rear of the house. One of the residents had a garden shed where they liked to spend time repairing items and used to store their bicycle and other power tools.

During the afternoon, the inspector met with a resident as they relaxed on the sofa watching television. They told the inspector how they had been living in the house for the last 15 years and liked living there. They had enjoyed having a foot spa earlier. The resident liked to help out with shopping, meal preparation, cooking and helping staff with tasks.

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' independence was very much promoted. Some residents liked to do their own grocery shopping, cooking, cleaning and laundry. One resident was in employment two days per week and some residents independently used public transport and went about their own routines on a daily basis. Staff reported that residents enjoyed shopping, eating out, some enjoyed going for a pint, others enjoyed attending discos, going for walks, going swimming, going to the cinema and attending the gym. Some residents had enjoyed a recent trip to the Cork Jazz Festival and other live music events. Another resident had enjoyed a trip to Fota Wildlife Park and a short holiday break in Co. Clare. Residents also enjoyed spending time at home relaxing, watching television, listening to music, reading and completing household tasks. One resident had been attending a day service programme which they enjoyed but had not been attending it in recent months. The person in charge advised that this was due to a funding issue which she was currently trying to resolve.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet

with visitors in private if they wished. Staff confirmed that all residents maintained regular contact with their families and regularly visited family members at home.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was clear 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

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.

The management arrangements within the centre were in line with the statement of purpose, however, the statement of purpose required updating to reflect recent changes to the nominated person in charge and to the person participating in the management of the centre. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. The person in charge was supported in her role by the integrated services manager, the team leaders in each house and the senior management team. 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.

The inspector found that the staffing levels and mix were in line with that set out in the statement of purpose and a full complement of staff were available. The staffing roster reviewed indicated that a team of consistent staff was in place to ensure continuity of support and care for residents. However, improvements were required to the staff roster to ensure that it accurately reflected the hours worked by all staff and included the night-time hours worked by staff, as well as the full names and roles of staff.

The management team had provided ongoing training for staff. Training records reviewed identified that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training including, safe administration of medicines and various aspects of infection control had also been provided to staff.

The provider had systems in place to monitor and review the quality and safety of care in the centre. An annual review as well as unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were in the process of being addressed. A recent review had taken place in relation to medicines management, the results of which indicated good compliance. The team leader and person in charge continued to regularly review and maintain oversight of areas such as staff training, medicines management, incidents, safeguarding, behaviour that challenged, risk management, environmental checks and complaints. The provider had identified improvement works that were required to be carried out both externally and internally to one of the houses. The person in charge advised that following a tendering process, a builder had been appointed to complete the works and they were due to visit the centre the day following the inspection. The person in charge also outlined the planned improvements works to the other house once the sale agreement was finalised.

The inspector was satisfied that complaints when received were managed in line with the centre's complaints policy. The complaints procedure was displayed and available in an easy-read-format. The inspector was advised that there were no open complaints. There were systems in place for recording, investigating and review of complaints. One complaint recorded since the last inspection had been addressed to the satisfaction of the complainant.

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. She regularly visited the centre, attended staff meetings, was knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill-mix at the centre was in line with the assessed needs of the residents and that set out in the statement of purpose. Staffing rosters reviewed showed that this was the regular staffing pattern however, the staffing roster required updating to ensure that it reflected accurately the staff on duty at night time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off (personal protective equipment) PPE, medicines management, food hygiene and autism.

Judgment: Compliant

Regulation 21: Records

Improvements were required to some staff records to ensure that the roster accurately reflected the hours worked by all staff, the full name of all staff and the roles of all staff. For example, the hours indicated as worked by the person in charge were not accurate, the sleepover hours worked by staff were not reflected.

Judgment: Substantially 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 a service in this centre. There was a clearly defined management structure in place as well as an on call management rota in place for out of hours and at weekends. 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.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the changes to the nominated person in charge and person participating in the management of the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format and had been discussed with residents. There were systems in place to record and investigate complaints. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents received a good quality and person-centred service where their rights and individuality were respected. Residents' wellbeing was promoted, and independence and community involvement was encouraged. The residents spoken with stated that they liked living in the centre, appeared to be content and relaxed in their environment and with staff supporting them.

Improvements were required to ensure that identified improvement works to both houses were addressed, to ensure that all staff were involved in a fire drill simulating a night-time scenario and to ensure that the residents wish to return to day services was facilitated.

Residents health, personal and social care needs were assessed and kept under regular review. Staff spoken with were familiar with and knowledgeable regarding residents up-to-date healthcare needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of health and social care professional services. A review of a sample of residents files indicated that residents had been regularly reviewed by their GP and a range of healthcare professionals including psychologist, psychiatrist, behaviour therapist, dentist and occupational therapist. 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 the required admission to hospital.

Residents were supported to identify and achieve meaningful personal goals. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. Action plans reviewed indicated that many of the goals had been achieved including attendance at a live music event, day trip visit to a farm, visit to a wildlife park and overnight break away. Some goals were still in progress including a resident's wish to return to attending day services.

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 to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The support of a designated safeguarding officer was available if required. The Chief Inspector of social services had been recently notified of some incidents relating to safeguarding issues, and the inspector was satisfied that they were being managed in line with the safeguarding policy. There was a detailed and recently updated safeguarding plan in place for the resident affected. The resident had also been supported by the advocacy officer to apply to the local authority for their own accommodation which at the time of inspection, was in progress.

The inspector noted that a resident who required support with behaviours of concern had a plan in place outlining triggers, early warning signs, as well as detailed proactive and reactive strategies to support them. Staff were knowledgeable regarding these recommendations and outlined how they were implemented in practice. Positive behaviour support plans had been developed and recently updated by the behaviour therapist in consultation with the resident and staff. Staff advised that the behaviour therapist was very supportive and visited the resident on a weekly basis. At the time of inspection, works were well advanced in relocating the staff office to the first floor staff bedroom area so as to provide an additional living room space for residents in order to better meet their needs. Staff had received training in managing behaviours of concern and further training was planned. Staff had also recently received training in relation to mental health and autism as recommended by the psychologist.

There were measures in place to ensure that residents' general welfare was being supported. Residents continued to be 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 and nearby city. Some residents independently used public transport to get about while the centre also had its own vehicles which could be used by residents. However, as discussed previously in the report, one resident had been attending a day service programme which they enjoyed but had been unable to attend in recent months due to funding issues as described by the person in charge.

The layout and design of both houses generally suited the needs of residents. The houses were spacious, bright, comfortable and decorated in a homely manner. All residents had their own bedrooms. There were an adequate number of toilets and showers and there was a variety of communal living spaces in both houses. Residents had access to a garden in both houses. However, improvements works were required to both houses. The external areas including fascia boards, walls and roof barges of the first house visited required cleaning and maintenance. Some of the wooden floors were noted to be defective and required repair. The person in charge outlined that repair and maintenance works had been identified, that a builder had been appointed and was due to carry out the identified works. The second house visited was in need of need of repainting and redecoration throughout. This house was in the process of being purchased by the organisation.

The person in charge advised that once the purchase of the house was complete, it was planned that the entire house would be redecorated and that the kitchen and bathrooms would be upgraded.

There were systems in place to control the spread of infection in the centre including guidance and practice in place to reduce the risk of infection. There were colour-coded cleaning systems in place and cleaning equipment was suitably stored. The laundry areas were well equipped and maintained in a clean and organised condition. Staff had completed a range of training in relation to infection prevention and control. There were adequate supplies of PPE available and staff were observed to be correctly wearing it in line with national guidance. While both houses were generally found to be visibly clean, some bathroom finishes, kitchen surfaces and paintwork required upgrading in order to further enhance infection control.

While the staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, there had been no fire drills simulating a night-time scenario in the past 12 months. Regular fire drills had taken place involving both residents and staff during day time hours. Daily and weekly fire safety checks were taking place. Service records for the fire alarm and fire equipment were up to date. All staff had recently completed fire safety training.

Regulation 11: Visits

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. There were no restrictions on visits at the time of inspection. Residents were supported to maintain regular contact with their families and regularly visited family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

While residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community, one resident had been attending a day service programme which they enjoyed but had been unable to attend in recent months due to funding issues described by the person in charge.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements were required to the repair and maintenance of both houses including

- the replacement of damaged flooring to the ground floor hallway and office
- repair of damaged plasterwork and woodwork
- the upgrading and refurbishment of a first floor bathroom
- repair and upgrading of a kitchen
- repainting of internal walls and woodwork
- cleaning of external walls, fascia boards and roof barges

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. Staff who worked at night time had not been involved in a fire drill simulating a night-time scenario in the past 12 months. Assurances were required that residents and staff could be evacuated safely and in a timely manner in the event of a fire or other emergency at night time.

Judgment: Substantially 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 and individualised personal plans had been developed for all residents based on their assessed needs. There was evidence that personal plans were regularly reviewed and reflected the up-to-date support needs of residents. Personal plans were developed in consultation with residents.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the healthcare that they needed. Residents had regular and timely access to GPs and health and social care professionals. A review of residents files showed that residents had been referred

and recently assessed by a range of health and social care professionals. Residents were supported to avail of vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern. Works were in progress to provide additional living room space for residents in order to better meet their needs.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training and management review of incidents that occurred. The support of a designated safeguarding officer was available and safeguarding plans were in place as required. Incidents relating to safeguarding issues were being managed in line with the safeguarding policy.

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. Residents had access to advocacy services. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents continued to be consulted with on a daily basis and at regular house meetings. Topics recently discussed including health and safety, fire safety, COVID-19, activities, up coming planned holidays and day trips.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Whitehills OSV-0002683

Inspection ID: MON-0036715

Date of inspection: 08/11/2022

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: <ul style="list-style-type: none"> • Roster updated to accurately identify staff on duty at night/sleepover. This was completed on 30/11/22 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Roster has been updated to include staff full names and roles, to accurately identify staff on duty at night/sleepover and to reflect PIC hours. This was completed on 30/11/22 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • The Statement of purpose will be updated as required and re-submitted. This will be completed on 16/12/2022. 	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • A request for day place funding for one Resident has been made to the HSE. The resident has been attending some community based programmes such as drumming. They will continue to attend this programme in the New Year and other day service community programmes such as Mindfulness and Art. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Plan of works in place for House 1. A comprehensive schedule of works has been agreed with landlord & builder, this includes:</p> <ul style="list-style-type: none"> - the replacement of damaged flooring in the ground floor hallway and office - repainting of internal walls and woodwork - Upgrade ceiling to the first floor landing to a suitably fire rated standard (horizontal shaft wall ceiling) - Replace existing doors enclosing the stairway including the landing and ground floor entrance hall with fire rated doors. - Strip and re-tile the shower in first floor bathroom - Clean roof slates down - Clean PVC cladding to the front dormer windows - Replace kitchen units - Install new boiler - Clean gutters - Provide a kerb to the ramps to the rear of the house <p>Purchase of house 2 was completed on 29.11.22. A project manager will be appointed to oversee premises improvement works. A full schedule of works has yet to be agreed but will include the below work: -</p> <ul style="list-style-type: none"> • repair of damaged plasterwork and woodwork • the upgrading and refurbishment of a first floor bathroom • repair and upgrading of a kitchen • repainting of internal walls and woodwork • cleaning of external walls, fascia boards and roof barges 	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Simulated nighttime fire drill will be carried out in both houses. This will be completed by 21/12/2022.	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/06/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2022
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	Substantially Compliant	Yellow	30/09/2023

	externally and internally.			
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	21/12/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	16/12/2022