



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

Issued by the Chief Inspector

Name of designated centre:	Abbey View
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 March 2023
Centre ID:	OSV-0008050
Fieldwork ID:	MON-0034596

About the designated centre

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

Abbey View is operated by St John of God services and can provide 24-hour support to four male adults. It comprises of a large detached bungalow which is located in a rural setting in County Meath. Each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility room and a large of bathroom. Private transport is also available to the residents as required. The staff team consists of nurses, healthcare assistants, a person in charge and a clinic nurse manager. There are three staff on duty during the day and one waking night staff. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 March 2023	09:45hrs to 16:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and were engaged in activities in their local community in line with their personal preferences. Notwithstanding this, the registered provider did not have effective systems in place to manage some maintenance issues, fire safety issues and risk management procedures in the centre. As a result improvements were also required in the governance and management of the centre.

On arrival to the centre, a staff member went through some infection prevention and control (IPC) questions with the inspector and directed the inspector to the hand sanitisers.

Two of the residents were up and one resident was enjoying a lie on in bed when the inspector arrived. One of the residents had just returned from a walk around the grounds of the centre. The resident really enjoyed this and indicated this to the inspector. Another resident was enjoying breakfast.

The centre was clean and homely. The communal areas, kitchen dining area and the three residents' bedrooms were generally in a good state of repair, although the floors in most of the areas needed to be sanded and re varnished or replaced.

Each resident had their own bedroom, which were decorated in line with the residents' preferences. One resident showed the inspector their room and some of their personal possessions which they really liked. Each resident had adequate storage and a television where they could enjoy watching some of their favourite movies. One of the residents was observed doing this later in the inspection. In each of the residents' bedrooms a picture schedule was in place outlining what activities they would do each day. One of the residents went through this with a staff member. For example; the resident had a job they did every week and they also attended a community group once a week. When the inspector was talking about this, the resident was smiling and was eager to show some of the other things they liked to do. Staff were observed supporting the resident with this also.

One of the residents was going out for an appointment they had that morning and it was evident they knew what the appointment was for.

The inspector also observed some of the goals that residents had achieved last year in their personal plans. Some had went on holidays to a hotel, one resident as mentioned had got a job they did once a week and some of the residents had joined a community group.

The inspector reviewed feedback from family representatives and residents on their views about the quality of services being provided. This had been collected by the person in charge as part of the providers annual report consultation process. The feedback was very positive from the family representatives. They rated the services

as excellent. One family member said they were very happy with the support of an advocate for their family member which the registered provider had sought. Family members said they were satisfied with the quality of care and support provided to their family member and that, they were happy with the level of communication between them and the staff, along with the choices provided to their family members. They also reported that staff were always courteous and welcoming when they visited their family member.

Residents feedback had been completed with the support of staff. The feedback from residents was very positive also. They indicated that they liked the food, felt safe and liked the activities they were engaged in. For example; two of the residents said that they liked gardening in the polytunnel that was available in the back garden. They also liked the area the centre was in because it was in the middle of the country and two of them particularly liked going for walks around the grounds and looking at the animals. The residents also said that their family were always welcome in the centre, with one resident stating that they liked that their home was now closer to their family.

However, one of the residents raised a concern about the uneven ground outside the centre. The inspector noted that this had been highlighted by the person in charge on the maintenance log in the centre, but it had not been addressed at the time of this inspection. This impacted on the resident being able to go for walks on their own outside. This is discussed further under Section 2 of this report.

Weekly meetings were also taking place and a number of topics were discussed. These included, menu plans, activity options for the week and information on COVID-19. Education was provided to residents about how to make a complaint and included pictures of all staff for whom they could make a complaint to in the centre and the organisation. The inspector found that one resident had been supported by an advocate over one concern they had to ensure that their rights were being upheld. This concern had been resolved and the advocate, who had visited the resident regularly, had deemed it no longer necessary to visit the resident as the matter had been dealt with.

Over the last number of weeks, staff had also been informing residents about a new law that would ensure that they had information and support about making decisions. A new staff member had also been employed in the wider organisation to support residents with this, and residents had been informed through pictures about this person. This staff had also visited the centre to provide information to the staff and residents about their role.

The inspector observed that the interactions between staff and residents was very respectful at all times. The residents looked very well cared for and it was evident that they really enjoyed clothes shopping as all of the residents were very stylish in their attire.

There were no complaints recorded in the centre,

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of

the service.

Capacity and capability

Overall, the inspector found that the person in charge and a social care leader in the centre had good oversight arrangements in place. The centre was managed well by the staff and the local management team who were providing a good service to the residents in the centre. However, the registered provider did not have effective arrangements in place for the management of maintenance issues, fire safety and risk management.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a social care leader to ensure effective oversight of the centre. Both of these staff facilitated the inspection and were very aware of the needs of the residents in the centre. The centre was very organised and well managed at local level. The person in charge reported to a director of care and support, who is also a person participating in the management of this centre.

The centre was being monitored and audited as required by the regulations and other audits were also completed in areas such as; infection control, fire safety and residents' personal plans. In June 2022, the provider had notified the Health Information and Quality Authority (HIQA) that there had been a leak in one of the bedrooms. At the time the leak was thought to be due to an oil leak. This affected one of the resident's bedrooms (which was no longer being used) and a bathroom, at the time. The registered provider had submitted assurances that the issue was been addressed and that there was no risk posed to the residents in the centre. The inspector found that at the time of this inspection this had not been addressed. In addition, there were other works required to the property internally and externally that had not been addressed at the time of this inspection. This is discussed further in Section 2 of this report.

As a result the inspector was not assured that the provider had effective arrangements in place to ensure that issues identified through audits which related to the premises and fire safety were being addressed which could impact on the quality and safety of care being provided to the resident. For example; issues pertaining to a leak in the centre had not been addressed in a timely manner. In addition, the inspector was not satisfied with some of the risk management systems in the centre to mitigate risks around the ongoing issues with the oil leak in the centre. This is discussed further under Section 2 of this report.

While the inspector was assured that the registered provider was changing the way maintenance issues were being recorded and managed in this centre and the wider

organisation which would result in maintenance issues being addressed in a timely manner going forward. The improvements in the centre needed to be addressed.

The person in charge maintained up to date training records for staff to ensure that they had the necessary skills to support the residents in the centre.

The staff and skill mix in the centre was sufficient to meet the needs of the residents. This included contingencies for when staff were on planned or unplanned leave.

Regulation 14: Persons in charge

The person in charge is a qualified nurse, who provided good leadership and support to their team and knew the residents well. They were very aware of their requirements under the regulations.

The person in charge is responsible for other designated centres under this provider and to ensure effective oversight of this centre, they are supported by a social care leader. At the time of this inspection, the inspector found that this arrangement was satisfactory.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota available in the centre. Sufficient staff were on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. Regular relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care. The rosters were changed to suit the needs of the residents. For example; the roster was amended one evening a week to facilitate residents attending a community group.

Induction was provided to new staff employed in the centre on various topics such as; the residents needs, fire safety and health and safety.

Nursing staff were employed in the centre and a senior nurse was also on call 24/7 in the wider organisation to provide support and assistance to the staff team.

Staff were knowledgeable about the residents' needs in the centre and of those met said they felt supported in their role and were able to raise concerns if needed to a

manager on a daily basis.

Staff meetings were also held in the centre every two months and a review of a sample of these showed that staff were informed about changes to infection prevention and control systems and risk management.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that, all staff including the relief staff had completed training in areas such as safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support, the safe administration of medication and infection prevention and control. The person in charge maintained a document showing when refresher training was due for all staff. For example; one staff was due to complete refresher training in manual handling and this was due to be completed. This ensured effective oversight of the training records in the centre.

Staff informed the inspector that they received supervision, and a sample of the minutes of those meetings reviewed showed that staff were able to raise concerns and their personal development was also discussed.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place and the centre was being monitored and audited as required by the regulations. For example; there was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The most recent six monthly audit report was not available on the day of the inspection as it had just been completed the previous week.

However, the management of maintenance issues, fire safety and risk management needed to be addressed by the registered provider as the actions from audits were either, not being addressed in a timely manner or had not been highlighted through the providers own auditing practices. For example; on the day of the inspection some fire equipment was due to have an annual quarterly service since December 2022 and this had not been completed even though a fire audit had been conducted in January 2023.

Other actions that had not been conducted in a timely manner included the issues pertaining to the leak in the centre. There was also an odour coming from a store

cupboard in the centre that had not been addressed to investigate the cause of this odour.

In addition, the inspector was not satisfied with some of the risk management systems in the centre to mitigate risks around the ongoing issues with the oil leak in the centre. This is discussed under Section 2 of this report.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre, which outlined the care and support being provided in the centre. This was kept under review as required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

One minor improvement was required however, the inspector was satisfied that the person in charge would follow this up.

Judgment: Compliant

Quality and safety

Overall, while the inspector found that residents appeared to enjoy living in this centre and the staff and local management team of the centre were providing good care to the residents; improvements were required in fire safety, risk management and the premises.

Each resident had a personal plan which outlined their assessed needs. There was also an easy read version of this in place for residents to keep them informed. For example; picture timetables of daily plans were in each residents bedroom to inform them what was happening that day. The residents' plans were comprehensive to guide staff practice and were updated on a regular basis. The residents had a

number of goals in place which they had chosen to do. These goals were progressing for residents and the records were updated by staff to ensure that the residents got to complete the goals.

Residents were supported with their health care needs which included access to a range of allied health care professionals and medical doctors.

As stated earlier, the centre was clean and homely. The communal areas, kitchen dining area and the three residents bedrooms were generally in a good state of repair however, a number of improvements were required to the premises internally and externally.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, the inspector was not satisfied that these systems were ensuring a safe service for the residents at the time of this inspection. For example; it was not clear on the day of the inspection whether, the water was suitable for drinking. The person in charge had also not been made aware of this concern even though it could have posed a risk to the residents health.

Infection prevention and control (IPC) measures were in place to protect residents against the risk of infection. Staff had been provided with training in IPC and donning and doffing of personal protective equipment (PPE). The centre was very clean and staff were knowledgeable about specific IPC measures in place. The storage of some PPE needed to be reviewed, however, this was addressed before the end of the inspection.

The inspector found that there were mechanisms in place in the centre to deal with safeguarding concerns. Since the last inspection, one safeguarding concerns had been notified to HIQA. This had been investigated by the person in charge and actions had been taken to address the concern. This assured the inspector that safeguarding issues were responded to and managed. All staff had completed training in relation to safeguarding residents. The residents reported that they felt safe in the centre.

Fire safety systems were in place which included the provision of fire fighting equipment such as fire extinguishers and a fire blanket. Emergency lighting and a fire alarm were installed in the event of a fire. However, improvements were required in the maintenance of some of this equipment as discussed and actions from a fire risk assessment that had been conducted in the centre last year.

Regulation 13: General welfare and development

The residents were engaged in activities in their local community and were encouraged to maintain links with their family and friends. One resident had a job one half day a week which they seemed to enjoy. The three residents had went on overnight breaks last year. One of the residents liked to use the local football

grounds to go for walks and one had grown some vegetables in the garden.

Judgment: Compliant

Regulation 17: Premises

The centre was clean and homely. The communal areas, kitchen dining area and the three residents bedrooms were generally in a good state of repair. However, the floors in most of the areas needed to be sanded and re varnished or replaced.

Actions from the providers own audits regarding the premises were not been completed in a timely manner. This included; the oil leak in one of the bedrooms and an odour coming from a cupboard in the centre which had not been investigated. The outside driveway also needed to be addressed as all of the residents could not safely walk on their own outside due to the uneven surfaces. This had resulted in a number of falls for two residents.

An audit had been conducted in January and February 2022 in IPC which had highlighted some improvements, these had been reported to the maintenance department but not all of them had been addressed at the time of this inspection.

An audit on fire safety had also been conducted where it had been reported to maintenance that emergency lighting over the back door was not working and this had not been addressed.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, the inspector was not satisfied that these systems were assuring a safe service for the residents at the time of this inspection. For example; a risk assessment had been conducted on the oil leak in the centre. However, this assessment did not include all risks that may be associated with an oil leak. For example; on the day of the inspection the person in charge had not been aware that the provider had conducted tests to ensure that the drinking water was suitable for use. This therefore had not been included in the risk assessment for the centre.

The reports made available to the inspector on the day of the inspection also contained some information that was confusing and may lead a person to believe that the water sample tested was invalid. Assurances could not be provided to the inspector on the day of the inspection whether this information was correct. The registered provider addressed this on the day of the inspection by assuring that suitable drinking water was available to residents. The registered provider also

submitted written details the day after the inspection assuring that the water test was valid and therefore was suitable for drinking.

The inspector reviewed some of the incidents that had occurred in the centre over the last six months and found that the person in charge had reviewed these and instigated control measures to prevent further injuries. However, as discussed under premises, two residents had fallen in the driveway due to the uneven surfaces which needed to be addressed. Some actions from a fire risk assessment had also not been addressed. For example; in a store room outside, a damaged socket needed to be fixed and this had not been done

The vehicle in the centre on the day of the inspection was roadworthy and insured. The registered provider had a system in place to ensure that a mechanic inspected the vehicle regularly.

Judgment: Not compliant

Regulation 27: Protection against infection

Appropriate IPC measures were in place to protect residents against the risk of infection. Staff had been provided with training in IPC and donning and doffing of PPE. There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. Staff were also able to explain what PPE should be worn when managing spills or handling laundry.

There were adequate hand-washing facilities and hand sanitising gels available. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19 or others infections. One staff member was also appointed as the lead person for the management of COVID-19 in the centre.

The centre was very clean and there were enhanced cleaning schedules in place to maintain these levels of cleanliness. There were arrangements in place to decontaminate equipment after use.

Colour coded mops and buckets were available and staff were aware of what specific areas required to be cleaned with the specific colour mop and bucket.

Residents had received vaccinations for influenza, hepatitis b and COVID-19. There were procedures in place to manage laundry and staff were aware of the correct temperature to wash clothes.

As discussed and actioned under premises an audit had been conducted in January and February 2022 on IPC which had highlighted some improvements, these had been reported to the maintenance department but not all of them had been addressed at the time of this inspection.

The storage of some PPE (paper towels) needed to be addressed on the day of the inspection to ensure that they were stored in a clean dry area. This was addressed by the end of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place which included the provision of fire fighting equipment such as fire extinguishers and a fire blanket. These had been serviced annually as required. Emergency lighting and a fire alarm were installed in the event of a fire, however, these had not been serviced every three months as required by the providers own policy.

Residents had personal emergency evacuation plans in place which outlined the supports they required to evacuate the centre. Fire drills were being conducted to ensure that residents could be evacuated from the centre in a timely manner.

The registered provider had commissioned a fire risk assessment of the centre in May 2022. However, some of the actions had not been completed. For example; it had been recommended that a PAT-test be completed on all electrical appliances and this had not been completed. The inspector was informed that this was being addressed by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which outlined their assessed needs. There was also an easy read version of this in place for residents to keep them informed. For example; picture timetables of daily plans were in each residents bedroom to inform them what was happening that day.

The residents plans were comprehensive to guide staff practice and were updated on a regular basis. The residents had a number of goals in place which they had chosen to do. These goals were progressing for residents and the records were updated by staff to ensure that the residents got to complete the goals. For example; one resident had given up smoking and was now using an e-cigarette instead.

Written feedback from family representatives indicated that they were kept informed of changes to the residents care and support needs on a regular basis.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health.

Residents had access to a range of allied health care professionals including, a dietician, occupational therapist and physiotherapist. They also had access to general practitioner (GP) and a psychiatrist to support their health care needs.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were mechanisms in place in the centre to deal with safeguarding concerns in the centre. Since the last inspection, one safeguarding concerns had been notified to HIQA. This had been investigated by the person in charge and actions had been taken to address the concern. This assured the inspector that safeguarding issues were responded to and managed. All staff had completed training in relation to safeguarding residents. The residents reported that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the issues with the premises, fire safety and risk management, the inspector found that at the time of the inspection residents were informed about their rights in the centre. For example; education was provided to residents at residents meetings. One resident had been supported by an advocate to ensure that they rights were being upheld. The staff were advocating on behalf of the residents in the centre; for example they were raising concerns about the outside area of the centre to senior managers.

Over the last number of weeks, staff had also been informing residents about a new law that would ensure that they had information and support about making decisions. A new staff member had also been employed in the wider organisation to support residents with this and residents had been informed through pictures about this staff. This staff had also visited the centre to provide information to the staff

and residents about their role.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey View OSV-0008050

Inspection ID: MON-0034596

Date of inspection: 02/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Quarterly Fire alarm and emergency lighting checks have been completed on 15.03.23.</p> <p>A new software maintenance package which allows for requesting tracking and reviewing maintenance issue is being purchased by the service, until the system is in place all maintenance issues are being addressed weekly by the PIC with the Operations Manager</p> <p>Investigative works for the kerosene leak were completed on 06.03.23. Works to address the leak will commence on the 17.04.23 and will be completed by 30.05.23.</p> <p>Odour in the cupboard due to crack in pipe will be completed by 30.04.23</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new software maintenance package which allows for requesting tracking and reviewing maintenance issue is being purchased by the service, until the system is in place all maintenance issues are being addressed weekly by the PIC with the Operations Manager</p> <p>Actions from IPC audits have commenced 16.03.23 with remaining actions will be complete by 30.05.23</p> <p>Investigative works for the kerosene leak were completed on 06.03.23. Works to address the leak will commence on the 17.04.23 and will be completed by 30.05.23.</p> <p>Flooring covering will be replaced 30.05.23</p> <p>Odour in the cupboard due to crack in pipe will be completed by 30.04.23</p>	

Resurfacing of driveway was completed 30.03.23.	
Running man sign at back door has been repaired 03.03.23	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The drinking water is tested fortnightly and results to date are of safe level for consumption.</p> <p>Risk assessment in place on the risk register for drinking water.</p> <p>Socket in the storage room outside has been fixed on 03.03.23</p> <p>Resurfacing of driveway was completed 30.03.23.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Actions from the fire assessment have been actioned on the QEP. There are 3 actions outstanding which have been escalated to the CEO & CHO8 for funding.</p> <p>Quarterly Fire alarm and emergency lighting checks were completed on 15.03.23.</p> <p>PAT testing will be completed on 24.04.23.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/05/2023
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	30/05/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	30/05/2023

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/04/2023