



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

Issued by the Chief Inspector

Name of designated centre:	Coill Darach
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	08 September 2021
Centre ID:	OSV-0002572
Fieldwork ID:	MON-0033454

About the designated centre

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

This designated centre provides full-time 24 hours nurse led residential care for up to seven adults over the age of eighteen years, both male and female with an intellectual disability. The centre is based on the outskirts of a large town in Co. Meath. The centre consists of a kitchen/dining room, a sitting room, two offices, seven bedrooms (six bedrooms share three en-suite facilities, one bedroom has a private en-suite) and one separate bathroom. There is a patio area at the back of the house overlooking a large garden. The centre has its own transport which is wheelchair assessable. There is a full-time person in charge employed in this centre along with seven nurses and twelve care assistants. The residents are supported by the staff during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 2015 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
Wednesday 8 September 2021	09:30hrs to 15:30hrs	Florence Farrelly	Lead
Wednesday 8 September 2021	09:30hrs to 15:30hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

This inspection was carried out in manner which complied with current public health advice in relation to infection control so as to minimise the risk to residents and staff in the centre.

Prior to this inspection the Health Information and Quality Authority (HIQA) had received unsolicited information in relation to lack of meaningful activities and inappropriate placement of a resident. This matter was discussed with a member of the management team who informed the inspector that during the COVID 19 lockdown residents had not attended day services or had access to their community, the inspectors were informed that they were in the process of accessing private day services for those residents who chose to return to day service however, nothing had been finalised. During the restrictions a program has been implemented called 'meaningful day' whereby residents could take part in activities in their home. One of the inspectors saw pictorial evidence of seasonal activities such as 'winter wonderland' where residents helped to decorate their back garden where they conducted a candlelight event and also a St Patrick's day disco. The inspector spoke with the coordinator of the program who stated that the day of the inspection was their first day officially in the role and they were looking forward to expanding the role for residents enjoyment.

Residents in this centre presented with complex care needs, 6 of the 7 residents used wheelchairs continuously and 1 resident used their wheelchair while they were out and about but could mobilise around the centre independently while under supervision. Overall, the inspectors found that the residents were supported to enjoy a good quality life which was respectful of their choices and wishes and their well-being and their welfare was maintained by a good standard of evidence-based care and support. Inspectors observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards them through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment and could access all parts of the centre with the assistance of staff.

Throughout the course of the inspection, the inspectors met with all 7 of the residents so as to illicit their experience of living there. Residents who could communicate verbally said they liked living in the centre, were happy living there and felt safe. Those residents with minimal verbal skills were assisted by staff to express their feelings and appeared relaxed, smiling and could be heard laughing with staff. On observing residents, who used non-verbal communication, it was obvious that staff clearly interpreted what was being communicated.

During the course of the inspections 2 of the residents went out in the centres dedicated transport to visit a beach and have lunch out, another 2 residents went out to do some shopping in the company of 2 staff members. Meanwhile in the centre residents were observed to be in their room or sitting in the lounge room

watching television and one resident was observed playing a ball game with a member of staff which they seem to enjoy greatly.

The inspectors found that feedback from families, as part of the annual review consultation process, was very positive. The residents' families expressed that they were satisfied with the quality of care and support provided to their family member and felt their family member was being cared for in a respectful manner. Some concerns has been raised in relation to COVID 19 during 2020 however, these concerns were addressed to the satisfaction of all responding to the questionnaires. One of the inspector spoke with a family members who expressed that they were very satisfied with the care their loved one received, they said they had a great raport with staff, could ask they anything, raise concerns if necessary and they felt that staff could not do enough for their loved one. When asked if their loved one had sufficient meaningful activities they stated that they felt that the resident had 'loads to do'. One thing they said was particularly important to them was that they were able to walk out the door of the centre following a visit knowing that their loved one was safe and well cared for in the centre.

Residents were also supported to complete 'residents questionnaire' with their staff members. Overall, residents expressed that they were happy living in the centre and were familiar and comfortable in their surroundings however, some residents did refer to lack of day service, not being able to socialise and missing their activities.

The inspectors observed that for the most part the physical environment of the house to be clean and in good decorative and structural repair. Residents rooms had been redecorated since the last inspection and one resident had requested they show one of the inspectors their room. They showed the inspector their new bed, curtains and soft furnishing they had chosen themselves and told the inspector this had been their COVID lockdown project. The residents bedroom was personalised to them with numerous personal photographs displayed and personal items to the resident displayed. There were numerous pieces of artwork displayed which the resident said they had been assisted to make.

There was a large garden space out the back of the house that included a patio seating area for the residents to enjoy. There were raised beds for residents who enjoyed growing and maintaining a variety of plants and vegetables. One of the residents told the inspector they had grown a number of vegetables which they enjoyed eating once they were ripe.

In summary, the inspectors found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture. The inspector found that while overall, there were systems in place to ensure residents were in receipt of good quality care and support there were improvements required in relation to access to day care services and a structure activities plan to ensure residents had meaningful activities to engage in and although there were firm plans to complete the the structural enhancement of the residents bathrooms this had not commenced.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The overall governance and management arrangements within the centre were found to be of good quality. The staffing mix, their qualifications along with clear systems of governance and oversight showed a service that placed the residents at the centre and ensured they were safe. The well-being and welfare of residents were well supported both on the ground as well as through the systems that were in place.

The newly appointed person in charge was not present in the centre during the inspection however, the providers own cover arrangements were in place which were in line with their statement of purpose. Subsequent to the inspection the provider submitted information that arrangements were being put in place to ensure there would be an appointed person in charge in the centre and a notification to that end would be submitted to HIQA. At the time of writing this report that Notification had not been submitted however, this was still within the required timeframe.

The provider had all the necessary written policies and procedures in place and there was clear evidence that these were reviewed & updated in line with the providers own timescales.

The staffing levels and mix of staffing were found to be adequate on the day of the inspection and a review of the staffing rosters showed that a minimum of two nursing staff were always on the roster during the day and this ensured that the specific needs of certain residents could be met in a meaningful way.

The training & development folder for the centre was up to date for the present staff team. It was noted that the provider ensured that all trainings were made available to all staff including those on a relief panel.

It was clear the incidents that happened within the centre were appropriately notified, responded to, reviewed and discussed with the staff team as well as escalated when deemed appropriate.

The provider had completed the Annual review which took into account the views and opinions both of the residents and their families. The provider had also carried out the 6 month review.

Overall it was observed that there appropriate systems in place to ensure the service was of good quality. There were monthly audits carried out by the person in charge and others involved in management. The provider was also completing out of hour's

audits and checks. There was clear evidence that staff meetings and residents forums were taking place on a regular basis and this contributed to a culture of learning and review to ensure there was a good quality of life for residents.

There was a clear complaints procedure and log in place with a dedicated person in charge of complaints. It was noted that complaints and how to make one were a standing item for resident meetings. The complaints reviewed were followed up in a timely manner and escalated appropriately by the person in charge.

Overall, the oversight of this centre is of good quality and the provider needs to ensure that improvements continue especially in the area of 'day services' for residents. The provider has general rather than specific plans in response to changes to 'day services'. It is imperative that clear and meaningful day services are fully developed and realised to ensure residents continue to receive a good quality service.

Regulation 14: Persons in charge

The person in charge was not on duty on the day of the inspection. There was a clinical nurse manager from a different unit covering for the person in charge. This was in line with the arrangements as outlined in the providers statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

The provider had ensured that there was adequate nursing care staff in line with the assessed needs of residents and as stated in the Statement of Purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they had received additional training in a numbers of pertinent areas to the needs of the residents.

There was a good system in place to record and review staff training and the person

in charge carried out audit to ensure all staff had attended planned training.

There was evidence on the staff files to indicate that staff were receiving appropriate supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. There was a clearly defined management structure in place that identified lines of accountability and responsibility.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had reviewed their statement of purpose as required by the regulations and this document was readily available within the service. The statement of purpose also clearly outlined the needs which the centre could accommodate and the services and resources which would be implemented to meet those needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations. There was evidence from minutes of meetings that incidents were discussed as a staff and management team to ensure there was learning embedded in the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a clear complaints procedure that was accessible to residents and

their families. There was a complaints log that was updated and showed actions and responses to complaints submitted to the provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all required policies and procedures as outlined in the regulations in place. These were readily available to staff and they were also reviewed within the required time line as set out by the provider.

Judgment: Compliant

Quality and safety

Overall the inspectors found that for the most part residents enjoyed a good quality of life and that the centre was resourced to meet residents' assessed needs. It was evident that the management team and staff were aware of residents' needs and knowledgeable about the care practices required to meet those needs. The centre was well run and provided a warm and pleasant environment for residents however, some improvements were required. While the inspectors acknowledge that plans were in place to complete works to bathrooms in the premises this work had not commenced and improvements were required in relation to meaningful activities for residents.

Residents' rights were found to be for the most part respected. There were weekly meetings and one of the residents spoken with confirmed they attended the meetings. There was a standing agenda and residents were encouraged to participate fully, there were minutes available which showed that the agenda and minutes were in a readable format for residents.

Improvements were required in relation to residents general welfare and development particularly in relation to access to facilities for occupation and recreation and opportunities to participate in activities. As mentioned previously in the report the unsolicited information was received prior to the inspection in relation to lack of meaningful activities for residents and inappropriate placement of a resident. On the day of inspection residents were observed to be going out and those who remained in the centre were engaged in activities of their choosing. The senior management team and the 'meaningful day' program coordinator stated that the program was in its infancy and could not confirm that the program had been formalised. The senior management team also stated that they were in the process of accessing private day care for those residents who chose to attend. The inspectors

noted that while there was day care available on the campus operated by another organisation the residents in this centre were not able to access this. The inspectors were informed that there was a sensory room in the day care centre which one of the residents particularly enjoyed however, it was not available for use until after 16:00hrs and a room previously used for art work was also now not available to the residents

Despite findings on the day of inspection, the program having been set up and assurances from the management team, inspectors found that there were no firm plans in place. Given that the 'meaningful day' program had not been developed fully, there was no defined activities program, residents did not have access to day services and feedback from residents indicated they missed their activities, work and friends there was evidence to validate the unsolicited information and this matter required improvement.

Residents living in this centre had significant support requirements, from a review of documents and observing residents the inspectors found that residents had individualised assessment and care plans which were part of everyday life which resulted in person centred service for the residents. The assessed needs outlined the support required to maximise residents' personal development in accordance with their wishes, individual needs and choices.

One of the inspectors looked at a sample of personal plans and found that residents had up-to-date plans in place which were continuously reviewed. The inspector saw that residents were supported to choose goals that were meaningful for them for example one resident wished to attend a family members wedding overseas and was assisted to do this. The inspectors observed a number of projects the residents engaged in over the COVID restrictions such as planting vegetables in a raised bed and redecorating their rooms.

The health care needs of residents had been assessed and each resident had access to a general practitioner (GP) and for the most part, a range of allied health professionals. Residents were referred for appointments as required for example neurology appointments and referral for residents with a number of different healthcare professionals such as GP, dentists and occupational therapists.

Where necessary, residents had positive behaviour support plans in place, these plans were detailed and outlined the possible triggers and how staff would manage the behaviour to minimise the impact on the resident and any other resident. While these plans were detailed the plans were last reviewed in 2019 however, the nurse on duty informed the inspector that a new psychologist had been identified for the centre and residents requiring review had been referred and there was documentary evidence of this referral.

Inspectors found that while there were restrictive practices in place in the centre these restrictions were mainly due to the high physical support needs of residents, these restrictions were risk assessed and regularly reviewed and it was evident that efforts were being made to ensure residents were safe.

The inspector reviewed the safeguarding arrangements in place and found that

residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and the inspectors found that staff treated residents with respect and that personal care practices sought to protect residents' privacy and dignity. On the day of inspection there was one safeguarding risk identified, this risk was assessed and appropriate protocols were in place to minimise the risk. Residents had access to advocacy services as and when they were required.

The inspectors found that infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Staff had completed specific training in relation to the prevention and control of COVID-19 and were observed wearing personal protective equipment (PPE) in line with national guidance. The inspectors reviewed cleaning records which demonstrated that there was a comprehensive cleaning schedule in place and staff on the day were observed cleaning the centre as per the schedule. Staff spoken with were aware of the infection

There were suitable fire safety arrangements in place, including a fire alarm system, internal emergency lighting and fire fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals and there were personal evacuation plans in place for all residents which were reflective of their support needs. Staff had received appropriate training in fire safety and staff spoken with were knowledgeable about the procedure to follow in the event of a fire breaking out.

Overall, the physical environment of the house was clean and in good decorative and structural repair. An issue identified in the last inspection in relation to the shared bathrooms was in the process of being addressed, an architect had visited the centre prior to the inspection and was at the centre on the day of the inspection finalising arrangements. One of the inspectors spoke with the architect who stated that they anticipate the works will be complete by end of November 2021.

One of the inspectors reviewed medication management systems in place and found there were safe systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. Staff had up to date training on safe practice and in particular the administration of rescue medication should that be needed in the event of a resident having an epileptic seizure.

The inspector saw that issues in relation to lack of space to store personal possessions appeared to have been addressed since the last inspection, when the inspector viewed other residents rooms they saw the rooms were decorated to reflect the residents likes and there appeared to be sufficient storage space. For example one resident has a particular team they followed and the teams jersey was hanging on the wall.

Regulation 12: Personal possessions

One of the inspector viewed the residents bedrooms and saw that the rooms were decorated to reflect the residents likes and there appeared to be sufficient storage space for them to store their personal belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Despite findings on the day of inspection, the 'meaningful day' program having been set up and assurances from the management team that day care was being sourced privately inspectors found that there were no firm plans in place.

Given that the 'meaningful day' program had not been developed fully, there was no defined activities program, residents did not have access to day services and feedback from residents indicated they missed their activities, work and friends there was evidence to validate the unsolicited information and this matter required improvement.

Judgment: Not compliant

Regulation 17: Premises

The premises was found to be comfortable, warm and inviting. Residents rooms were decorated to reflect their particular likes and interests.

An issue identified in the last inspection in relation to the shared bathrooms was in the process of being addressed, an architect had visited the centre prior to the inspection and was at the centre on the day of the inspection finalising arrangements. However this work was not commenced on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. Staff spoken with reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

The inspectors also observed staff wearing PPE throughout the course of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had an emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

One of the inspectors reviewed medication management systems in place and found there were safe systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported. From viewing a small sample of files, the inspector saw that each resident had a personal plan in place identifying activities that they liked to engage in. The plans were detailed so as to inform and guide staff when providing care to residents.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of the residents were being provided for and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided.

Residents also had access to health care professionals if required such as neurology and psychology.

Judgment: Compliant

Regulation 7: Positive behavioural support

Comprehensive behavioural support plans were in place for those residents who required this support. While the reports were very detailed they had not been reviewed since 2019 however, there was evidence of referral to a new psychologist within a short number of weeks to ensure they reflected the support needs of these residents.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents however, there were no open safeguarding issues in the centre at the time of this inspection. From a small sample of files viewed, staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and the complaints officer was available in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were found to be for the most part respected. There were weekly meeting and one the residents spoken with confirmed they attended the meetings. There was a standing agenda and residents were encouraged to participate fully,

there were minutes available which showed that the agenda and minutes were in a readable format for residents.

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 - 2015 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coill Darach OSV-0002572

Inspection ID: MON-0033454

Date of inspection: 08/09/2021

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 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The service is actively sourcing suitable private day service placements for each resident based in accordance with their wishes, individual needs and choices. Funding has been approved for development of a premises on site to carry out the meaningful day program for residents who do not wish to avail of a full time day placement.</p> <p>As part of this process of sourcing suitable private day service the designated centre will work with suitable day service providers to ensure ongoing improvements in relation to residents general welfare and development ,particularly in relation to access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Staff will ensure that each resident’s assessed needs which outlines the individual supports required will be communicated with private day service providers in order to maximise each resident’s personal development.</p> <p>In the intervening period until a day service is secured each resident will have an activity schedule in place to ensure on a daily basis they have opportunities for meaningful engagement and opportunities for participation in accordance with their assessed needs, capacity and developmental needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Funding has been approved and allocated to the scheduled works to refurbish all of the</p>	

shared bathrooms. The designated centre has approved plans as provided by the assigned architect and these plans have been finalised. Works to these bathrooms are scheduled to commence on 15/11/2021 and expected to be completed by Quarter 1 of 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)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	29/10/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022