



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 11
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0004082
Fieldwork ID:	MON-0045701

About the designated centre

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

Community Living Area 11 consists of two houses located near a town in Co. Kildare. The houses are located in two separate locations within three kilometres of each other. Both homes are bungalows with five bedrooms. Facilities include single bedrooms, accessible bathroom facilities, sitting room, kitchen and utility room. There is a car available at each location. Each home can facilitate four individuals over the age of 18 years. Each individual has varying support requirements in relation to their abilities and individual needs that are identified in the care plan. The aim of Community Living Area 11 is to provide a safe and secure home for each individual. Individuals are supported by both social care staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 March 2025	09:00hrs to 17:00hrs	Karen Leen	Lead
Wednesday 5 March 2025	09:00hrs to 17:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us, and what inspectors observed, the inspectors found that this was a well-run centre. That residents were receiving good quality of care and support and that the provider was responsive to the changing needs of residents. Inspectors found high levels of compliance with the regulations, with some improvement required in Regulation 17: Premises. This will be discussed in the body of the report below.

The centre comprises two houses a short distance away from each other outside a town in Co. Kildare. The centre provides care and support for eight residents. During the inspection, the inspectors of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting with the five residents living in the centre, five of the staff on duty supporting them and the person in charge.

Inspectors had the opportunity to visit both houses during the course of the inspection. The first house is a large bungalow which comprises a kitchen, conservatory, staff office and sleepover room, a sitting room, bathroom and four resident bedrooms. One of the bedrooms had an en-suite and two bedrooms had large walk-in wardrobes. The house had ample communal spaces, which inspectors observed being used by residents to enjoy listening to music, watching tv or having a quiet space for some light snacks. Each of the houses had access to transport including two accessible vehicles. Residents told inspectors that they had decorated their bedroom with a number of personal items and had furniture specially designed to their individual tastes. However, inspectors observed that there were a number of items of equipment were being stored in the sun room. This included two large wheelchairs and a mattress which was no longer in use. Residents told inspectors that they like to use the sun room throughout the day to relax, listen to music or to watch television, and how they felt that having extra equipment took from the homeliness of the centre.

One of the residents living in this house spoke about their previous living situations, and how they had not been positive. They spoke about how they loved their home. They spoke positively of the staff, and described them as 'so good' and 'so strong'. One resident discussed the relief they felt when they had been discharged from hospital and came home to their own room and the people that know them best. One resident spoke about the need for more storage and better light in the sun room, and ensuring that the dining table was accessible for them. Inspectors discussed the accessibility of the dining table with the resident and staff. Staff reported that three different options had been tried including singular adjustable tables but that the resident and multidisciplinary team were striving towards finding appropriate accessible table. Inspectors met a resident who was returning from grocery shopping with staff. On return the resident made their lunch and met with the inspectors before leaving the centre to go for a walk. The resident told the inspector that they love their home and that they get on very well with all of the

other residents. The resident told one inspector that there is plenty of space in their home, that if they wish to sit with others in the house they can sit together in the sun room and watch tv or else they can all sit together in the sitting room. The resident talked about how they had decorated their bedroom and like to change designs from time to time.

Inspectors visited the second house in the afternoon. It is located a short drive away and based in a cul-de-sac. It was also home to four residents on the day of the inspection. Three residents lived there on a full-time basis, while the fourth resident lived there part time. The house had a sitting room and four bedrooms along the hallway, one of which had an en-suite and there was an accessible bathroom. There was a generous kitchen and dining area. Leading off the kitchen was a hall which led to a utility room, a relaxation room and then a further hall led to a resident's bedroom and bathroom. Inspectors met one resident sitting in their dining area enjoying a hot drink with staff. The inspectors observed the resident and staff to be laughing and joking on arrival to the dining area. The resident showed the inspectors the magazine they were looking through and showed the inspectors some of their possessions which were very important to them. Inspectors met with two other residents as they were leaving the centre to go out for a walk. Later in the afternoon, residents told the inspectors about an upcoming family wedding which they were looking forward to. Residents in this house had two pet cats that they enjoyed taking care of.

Residents in the centre communicated using speech, body language, eye contact, and vocalisations to communicate. For residents who required visual supports such as symbols, or using easy-to-read information, these were readily available. Residents' preferences relating to how staff should interact and communicate with them were documented within their care plans. This allowed a consistent approach to care and support. The person in charge had recently introduced assigned 'quality time' with residents to ensure that each resident had dedicated one-to-one time every day. Interactions which the inspectors observed were friendly and kind. It was evident that residents and staff knew each other well, and that residents were comfortable in the company of the staff supporting them. Some residents actively sought the support of staff when communicating with the inspectors. Residents had access to electronic tablet devices and interactive Internet music devices.

It was evident that residents' rights were promoted and upheld in the centre. Staff had completed training in human rights, and there was a clear focus on delivering person-centred care. Staff who spoke with the inspector highlighted some of the ways that they promoted residents' rights on a day-to-day basis. Staff and the person in charge spoke about human rights based approach to care planning and supports for each resident and ensuring the resident was the driving force for goals and plans created. Residents' care plans had considered how best to support residents to learn about and exercise their rights. Independence was promoted and supported with finances, use of mobile phones and Internet use, and ensured that residents' preferences in relation to their care and support were documented and honoured. Inspectors viewed evidence that residents were involved in developing and updating different aspects of their care plan. Residents were supported to learn about their rights using a variety of media such as video clips, easy read

information, and regular conversations at residents' meetings. Residents' meetings were taking place on a weekly basis. A review of a sample of minutes demonstrated that the agenda was varied, and included information such as news, menu and activity planning and information about areas such as finances, human rights, and assisted decision making. One resident spoke to the inspectors about how each week at the residents meeting staff would discuss a topic on their individual rights and how to access different supports should they feel they need assistance outside of the centre. The inspectors reviewed a sample of these residents meetings and found that each resident was supported to have a say in the running of their home.

In summary, documentation reviewed by the inspectors and discussions held with residents and staff indicated that residents enjoyed busy and active lives, had a clear say in the running of their home and were supported to plan goals and activities as they wished. The inspectors found the houses to be homely, clean and warm, and residents appeared to be comfortable and content. The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This risk-based inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations, 2013 and the National Standards for Adult Safeguarding (2019).

Overall, the inspectors found that the provider had completed a number of actions since the last inspection which had resulted in improvements to a number of areas including fire safety, staffing and the provider's systems for oversight. However, further improvements were required in relation to Regulation 17: Premises. This will be discussed later in the report.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge reported to and received supervision and support from an area director. The inspectors saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. There was an on-call manager available out-of-hours. There were planned and actual rosters and they were well maintained. Staff were in receipt of formal and informal supervision. Team meetings were occurring regularly in the centre, and staff were given the opportunity to discuss issues and provide shared learning.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The

inspectors found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications. The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The staffing allocation to both houses had increased since the last inspection. There were sufficient numbers of staff on duty, with the right skills, knowledge and qualifications to meet the assessed needs of residents in the centre. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact on residents, who knew staff members well and had developed good relationships with them. During the course of the inspection the inspectors observed residents and staff engaging with each other in warm and friendly interactions with laughter heard during meals and while enjoying cups of tea together.

The inspectors observed that the provider had responded to identified changing needs of residents in the designated centre and had increased the staffing whole time equivalent in the centre.

The person in charge maintained a planned and actual roster. The inspectors reviewed rosters from November and December 2024 and January and February 2025 and found this to be reflective of the staff on duty on the day of inspection. Continuity of care was evident with overall a stable core staff team in place. Regular relief staff were in place to cover annual leave and sick leave.

The staff present during the inspection were found to be knowledgeable of residents' specific needs and also a clear understanding of each residents wants and wishes for their future goals and life in their home and community.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to extensive training as part of their continuous professional development and to support them in delivering effective care and support to residents. The inspectors reviewed the training matrix for staffing maintained by the person in charge. Staff had completed training in areas such as fire safety, safeguarding, infection prevention and control, manual handling, medicine management, autism, complaints and human rights training. Staff had also received training outside of the centres identified mandatory training which was specific to residents assessed or emerging health needs. For example, staff had additional training in intellectual disability and dementia diagnosis, Autism, epilepsy and diabetes training.

Inspectors found that staff had additional training in human rights. Inspectors found that human rights and education of residents within the FREDA principles was upheld in a number of aspects of each residents life. For example, inspectors found that human rights was discussed at each residents meetings, with staff and residents choosing a specific area each week to discuss. Inspectors reviewed discussion and presentations held with residents on the Assisted Decision Making Capacity Act, money, capacity and what this means to each individual, how capacity can be assessed and access to support.

The provider had policies and procedures on the supervision of staff. This included one-to-one supervision sessions with the person in charge. The inspectors reviewed eight staff supervision records and found that each member of staff had received supervision in line with policy. The inspectors found that the supervision was relevant to each staff member and their supports.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The inspectors reviewed team meetings occurring in the centre in July, September, October, December of 2024 and February of 2025. These were found to be resident focused and of a high quality so that staff were kept well informed of changing needs as well as the provider's policies and procedures. The person in charge had implemented a follow up actions chart that was completed after each team meeting and revised by the staff team to ensure that items identified as requiring action were met following the meeting and if delays had been identified an appropriate action was sought by the staff member or person in charge. If the issue could not be resolved locally then the inspectors found evidence of the person in charge escalating issues to senior management or relevant departments within the provider.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place with clear lines of accountability. It was evidenced that there was good oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The provider had appropriate resources in place including equipment, staff training and transport arrangements in the centre. The staffing resources in the designated centre were well managed to suit the needs and number of residents. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard.

The inspectors reviewed an audit system in place implemented by the person in charge to ensure that actions arising from the team meetings were completed as set out and if actions to improve areas also identified potential barriers to the completion of actions. The presence of the person in charge in the centre provided all staff with opportunities for management supervision and support. An annual review and six-monthly unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector of Social Services under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact residents. All notifications had been submitted to the Chief Inspector as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling

processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspectors observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern. Two residents discussed the complaints process with one inspector and who they would go to should they feel they needed to make a complaint. One resident discussed that in the past they had access external advocates, however, this system had not been required since moving to their home. Furthermore, inspectors reviewed residents' meetings and found that the complaints process was discussed at each residents' meeting and opportunities to raise concerns were welcomed either at these meetings or outside of the meetings to support staff or the person in charge.

The inspectors found that at the time of the inspection there were no open complaints. On review of the annual report of the centre for 2024, the inspectors observed a number of compliments from residents and their representatives through the services feedback form.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff. Residents were supported to have best possible health, to engage in activities of their choice, and to maintain relationships with people important to them.

The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. There was adequate private and communal space which residents could spend time alone or with family and friends. Each of the houses had access to large gardens which had garden furniture, barbecues and benches for residents to sit and relax on nice days. Residents' personal possessions were accessible to them, and they received support with finances where it was required.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding concern were investigated in line with national policy and best practice. The inspectors found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

Regulation 10: Communication

From speaking with staff and residents, it was evident that residents were assisted and supported to communicate their needs and wishes in relation to their care and support. A review of four care plans showed that plans relating to communication were detailed and included which strategies for staff to use to best support residents in line with their will and preference, and their assessed needs. In one house, there was a voice output communication device which staff demonstrated to inspectors. There was evidence of visual supports such as activity planners on display, and where residents had chosen not to have these, this was respected.

There was easy-to-read information available for residents on a range of topics such as rights, fire safety, safeguarding and infection prevention and control.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors found that the provider had measures in place to ensure that residents had access and control of their personal possessions. For example, inspectors observed that each resident had ample space to store and access their clothing, and there were laundry facilities available in both houses for residents to use.

Residents' rooms were observed to be reflective of their own tastes and life history. The inspectors viewed eight bedrooms and found that there were personal photographs and affects such as medals, jewellery and other belongings on display. To ensure that personal possessions were safeguarded, there was a personal possessions inventory kept on each residents' care plan online. This was updated each time a purchase had been made and photographs were taken of these items.

Residents had access to their finances, and where residents required support in managing finances, this was provided in line with each persons' will and preference, and assessed needs. For example, one resident controlled their own money and carried out a reconciliation of their statements with the person in charge, while another was supported to have adequate funds available to them from their personal account. Inspectors reviewed financial records for two residents and found that there was good monitoring and oversight systems in place to safeguard residents' finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured suitable arrangements were in place to provide residents with a varied choice of activities and lifestyles in accordance with their own preferences and wishes. Suitable transport and staffing arrangements were in place, which enabled residents to get out and about in their local community as much as they liked. Some residents living in this centre chose not to attend a day service and instead were supported by the centre's staff team to develop their skills and participate in activities. Some residents were enjoying active retirement and were making plans to celebrate upcoming milestones in their life.

Residents meetings held in the centre reflected residents' choices in relation to community activities, access to internal and external education and recreational activities. For example, a number of residents attended local baking classes.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Each resident had their own bedroom which were decorated to their individual style and preference. There was ample communal space for residents to meet family and friends.

The inspectors found that not all areas within one of the houses was laid out to meet the assessed needs of one resident. The dining area in one house had a table which was at a height that was not in line with the support needs of one resident. The inspectors acknowledge that support staff and the multi-disciplinary team were reviewing options for the resident but had not met a satisfactory outcome. The resident was currently accessing meals and drinks from the dining table with a set of stacked books on the table in order to reach items.

The inspectors also found that the centre did not have access to adequate storage for equipment. During a walk through of one house in the centre, inspectors observed that the sun room was used for storing a number of items including two wheelchairs and a large unused mattress. Residents discussed that these items were not items they liked to have stored in the home as it took away from the homely environment.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Inspectors reviewed the centre's safety statement, risk registers and associated risk assessments, and the incident and accident log. They found that the provider had clear and consistent processes in place for managing and assessing risk. There was prompt and effective learning from the management and review of adverse events and incidents. For example, a sample of ten incident reports were reviewed, and where actions were required, there was evidence that this was shared with staff at handover, and in staff meetings.

There was a proactive approach to risk taking which ensured that appropriate supports were in place to maintain residents' safety while also respecting their will and preference. For example, one resident had been advised not to have nuts. There was evidence of information sharing with that resident to ensure they were making an informed decision, and foods were clearly labelled using colour coding in the kitchen for them in addition to a risk assessment to implement control measures where required.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors did a walk around of each house in the company of the person in charge. Both houses were equipped with fire-fighting equipment, emergency lighting, smoke alarms and fire doors. Inspectors viewed servicing and maintenance records for fire safety systems in addition to checks carried out by staff at defined intervals.

Since the last inspection, the provider had increased the staffing allocation at night time in both houses to ensure that safe evacuation was achievable within the minimum staffing complement. Inspectors viewed each residents' personal emergency evacuation plan and these gave guidance for staff on day and night evacuation procedures. Inspectors viewed a sample of three drills for each house, and found that where actions were required, these were identified on the provider's online system in a timely manner. Both the person in charge and the fire specialist for the organisation had oversight of these drills to ensure ongoing compliance.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had suitable arrangements in place to ensure that residents were safeguarded from abuse in the centre. There had been five notifications related to safeguarding submitted to the Office of the Chief Inspector in the twelve months prior to the inspection taking place. Inspectors viewed corresponding documentation which had been submitted to the Health Service Executive-Safeguarding and Protection team, and found that safeguarding plans were put in place, where required.

Inspectors viewed four residents' personal and intimate care plans. These gave clear guidance to staff on levels of support each resident required, in addition to their preferences on that support. Plans were written in a manner which promoted residents' rights to privacy and dignity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found a person-centred approach to care was being delivered in the centre. Inspectors viewed care plans which outlined how residents in the centre experienced human rights using the FREDA principles of fairness, respect, equality, dignity and autonomy. These were individual to each resident, and provided guidance to staff.

Residents were supported to exercise rights relating to choice and control, communication access, privacy and dignity, freedom of movement and the right to independence in their home. Residents' will and preference were clearly documented on a range of topics such as their care and support, end-of-life care wishes, daily routines, and their right to not follow healthcare advice. Residents had access to advocacy services, and information was available to them in the centre on how to access this service where they wished to do so.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 11

OSV-0004082

Inspection ID: MON-0045701

Date of inspection: 05/03/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
Regulation 17 (5) The registered provider will continue to work with Multidisciplinary team and the resident to create a customised piece of equipment to ensure that resident can access the dining table and they are happy with the outcome.	
Regulation 17 (7) Due to financial constraints within the organisation it is not possible to increase the floor plan to accommodate the storage of equipment. However, the provider with the Person in Charge has identified storage area within the house to accommodate equipment that is required only for emergency situations. The communal area is reconfigured to accommodate necessary furniture and equipment.	

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(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	04/07/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/04/2025