



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

## Issued by the Chief Inspector

Name of designated centre:	Woodhill Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	29 March 2022
Centre ID:	OSV-0004944
Fieldwork ID:	MON-0027793

## About the designated centre

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

Woodhill Services provides residential care and support to adults with a moderate to severe intellectual disability. The designated centre can provide residential services for up to 11 individuals from the age of 18 upwards, and can accommodate both male and female residents. The designated centre comprises of two residential houses and is located near a large urban setting. The designated centre benefits from their own transport and is located near public transport routes also. The residents have access to a range of amenities in their local community, including shops, cafes and restaurants. Some residents avail of day services outside of the designated centre and some individuals are supported to have an integrated day service within the designated centre. All residents have their own bedrooms. There is ample communal space within the centre and access to private gardens to the rear of the houses for residents to enjoy. A team of staff are on duty both day and night to support the residents who live at the designated centre, with sleepover staff in place during the night. Additionally there is an out-of-hours service to provide additional support, if required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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
Tuesday 29 March 2022	09:30hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. The staff member in charge confirmed that there were no staff or residents with signs or symptoms of COVID-19 in the centre. The Chief Inspector had been recently notified of a resident who was suspected with COVID-19, however, the staff member on duty advised that this resident had since received test results which had not detected COVID-19.

From conversations with residents and staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The designated centre comprised of two houses, both located in residential areas near a large urban setting. One house is a large detached house and accommodates five residents in individual bedrooms with en suite shower facilities. The second house is two storey in design, it was originally built as two semi-detached houses but are now linked together internally. The second house can accommodate up to six residents in individual bedrooms some of which have en suite shower facilities. Both houses were found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents use. Residents had easy access to well maintained garden areas which had a variety of plants and flowers. There were paved and lawn areas with suitable outdoor furniture provided for residents use. Residents in both houses spoke of enjoying spending time outside in the garden areas. Both houses had their own transport vehicles which could be used by residents for outing and activities.

The inspector visited one of the houses in the morning time and the other house in the afternoon and met with staff working in both. On the day of inspection there were nine residents being accommodated in the centre, another resident was residing on a part-time basis and there was one vacancy. The inspector met with five residents. Some residents availed of day services outside of the designated centre and some individuals were supported to have an integrated day service within the designated centre. Due to the COVID-19 pandemic, day services were still not operating on a full-time basis and one resident had not yet been facilitated to return to day services in line with their preferred wishes.

On the morning of the inspection, some residents were up and getting ready to go to their local day services. Other residents were getting up, attending to personal hygiene, having breakfast of their choice in the kitchen and following their own routines. Some residents were supported to go for a drive of their choice to a nearby seaside location, while another resident choose to relax and stay in the

house. The resident who had gone for a drive returned to the house for lunch and told the inspector how they had enjoyed a walk and getting an ice-cream as the weather was warm and sunny. Residents were supported to have lunch in the kitchen and were observed to choose their preferred lunch option and drinks. Residents told the inspector how they decided on the weekly menu for their main meals at the weekly house meetings. They advised that they enjoyed going food shopping and helping out in the preparation of meals. The weekly menu was displayed in written and pictorial format to remind residents what was being prepared and cooked each day. Residents said that they enjoyed a takeaway meal of their choice every Thursday and that they all went out for Sunday lunch to different hotels each week as a group.

Residents spoken with told the inspector how they liked living in the house and were familiar with and comfortable in their surroundings. Residents said that they knew one another very well and had a good relationship with one another and were comfortable sharing the house with one another. Some residents were happy to show the inspector their bedrooms and mentioned how they had been involved in choosing colours, soft furnishings and furniture. The bedrooms were seen to be personalised with family photographs and other items of personal significance.

Residents mentioned that they enjoyed attending music events, concerts, going on shopping trips and day trips to places of interest. They told the inspector how they enjoyed outings and overnight stays away in the company of staff. Some residents spoke of enjoying trips in the past to Sweden to see their favourite band and to the Christmas markets in Germany and spoke of looking forward to attending up-coming concerts in Dublin. They said that they were looking forward to staying overnight in a hotel, having a meal, a few drinks and going shopping the following day.

Residents discussed how their lives had been impacted by the COVID-19 pandemic. Some residents had postponed going on trips and holidays until this year. They mentioned that they had enjoyed spending time on gardening projects, painting and planting flowers, attending some art classes and music therapy classes on line. Some residents spoke of their delight at having returned to attending day services three days a week, however, another resident said that she wished to return to attending her day service.

During the afternoon on a visit to the second house, the inspector met with two residents. On arrival there was one resident in the house who welcomed the inspector. He told the inspector how he had been out for a drive and a walk during the morning time and had enjoyed a coffee and cake. He had chosen to remain in the house during the afternoon to relax, chat with staff and watch his preferred television programme while the other three residents had gone on outings. The inspector met with one of the other residents when he returned from his outing. The resident was unable to tell the inspector his views of the service but appeared in good form, content and comfortable in the company of staff. The inspector observed that staff were very knowledgeable and attentive to supporting the specialist needs of this resident on his return to the centre.

There were stable staffing arrangements in place and staff were well known to the residents. Most staff members had been working in the centre for several years. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. There was a warm and friendly atmosphere in the houses visited. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home.

Throughout the inspection, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and happy living in the centre. It was evident that residents had a good quality of life, had choices in their daily lives and that their individual rights and independence was very much promoted.

In advance of this inspection, residents and their families were invited to complete a questionnaire about their satisfaction levels with the service. A review of eight completed questionnaires indicated that families were satisfied with the care and supports that their family member received while living at the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives'.

## Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. She was also the person in charge for three other centres. She regularly visited the centre, was in daily contact with staff and attended staff meetings. The person in charge was supported in her role by the service co-ordinator, the team leaders in each house and the senior management team. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern and demonstrated that a team of consistent staff was in place to ensure continuity of care. There were a number of regular locum staff employed and the person in charge advised that recruitment of staff was on-going. Staff spoken with confirmed that staffing arrangements in the centre were flexible and that additional staff were rostered when required, for example, to facilitate some outings, activities and overnight stays with residents. Photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review from January 2021 to January 2022 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were in the process of being addressed. For example, an action identified as priority was to ensure that all residents had the choice to return to full-time day services. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices and fire safety were completed. Records reviewed indicated a high level of compliance with audits. The results of audits were discussed with staff in order to share learning.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed. The complaints procedure had been discussed with residents. Residents said they could raise concerns or issues with staff or at the weekly house meetings. The person in charge



advised that no complaints had been received during 2021. There were no open complaints at the time of inspection. Questionnaires completed by residents and their families and submitted in advance of the inspection indicated satisfaction with the service provided.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. She had a good presence in the centre and was well known to residents and staff.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents and in line with that outlined in the statement of purpose. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, medicines management and management of epilepsy.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements in place ensured that that the service provided was safe, appropriate to meet the needs of residents and was effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required a minor update. The person in charge undertook to update and resubmit same.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff.

There were no open complaints at the time of inspection.

Judgment: Compliant

## Quality and safety

The inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a safe and person-centred service. Each resident's well-being was promoted, independence and community involvement was encouraged. Some improvements were required to upgrading the floor covering to one of the en suite bathrooms, to replacing defective brush smoke seals on some doors and to facilitating the return to day services for all residents who wished to attend.

Residents' health, personal and social care needs were assessed and care plans were developed where required which were found to be informative, person centered and regularly reviewed. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences. Staff spoken with were familiar with and knowledgeable regarding resident's up to date health and social care needs.

The personal plans reviewed detailed the needs and supports required by each resident to maximise their personal development. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. Residents spoken with confirmed that they had been supported to achieve their chosen goals and that there were plans in place to support them achieve further goals.

Residents had access to General Practitioners (GPs), consultants and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist(OT), speech and language therapist(SALT), dietitian, psychologist, dentist, optician and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Files reviewed showed that residents had their annual medical review recently.

Residents' nutritional needs, were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietitian and SALT. The inspector observed these recommendations being implemented in practice.

There were measures in place to ensure that residents' general welfare was being supported. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had three vehicles which could be used by residents to attend outings and activities. During the inspection residents spent time going places that they enjoyed, some attending day services, some going to the local shop, others going for walks in the local area, and some spent time relaxing in the house, watching television, listening to music and following their own routines. However, as discussed previously, there was one resident who spoke about wishing to return to attending her day service which as yet had not been facilitated.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, human rights charter, fire procedure, COVID-19 and staffing information were made available to residents. The provider had ensured that

residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives. Residents' rights were kept under regular review and residents were supported to be as independent as possible by learning new skills. These had been identified with residents through individual assessments such as learning to complete various independent living skills. The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to knock and request permission before entering bedrooms. Staff were observed to interact with residents in a caring and respectful manner.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The person in charge regularly reviewed incidents and where any incident occurred that may indicate a possible safeguarding issue, the person in charge followed up with the designated officer. Preliminary screening was completed to assess if there were grounds for concern or not and safeguarding plans were developed where required. The inspector reviewed a sample of safeguarding plans in place and noted that they were being kept under regular review. All staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the person in charge and some alternative less restrictive practices had been recently trialled. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style. Both houses were found to be well maintained, however, the floor covering to one of the en suite shower rooms was defective, stained and needed to be replaced.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. There was a dedicated housekeeper employed for 15 hours per week in each house who along with all other staff had a responsibility for cleaning. There was a colour coded cleaning system in place, there were adequate cleaning supplies available and cleaning equipment was being stored appropriately. There were cleaning schedules in place and the inspector observed that both houses and equipment in use were visibly clean.

There were were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak , emergency plan and individual personal emergency evacuation plans for each resident. There was a risk register in place and systems in place to regularly review and update the risk register.

Staff demonstrated good fire safety awareness and all had completed recent fire safety training. Daily, weekly and monthly fire safety checks were being carried out and recorded. The fire equipment and fire alarm had been recently serviced. Fire exits were observed to be free of obstructions. Regular fire drills had been completed involving staff and residents simulating both day and evening time scenarios which provided assurances that residents could be evacuated safely in the event of fire. Fire safety and evacuation was regularly discussed with residents at house meetings. However, the inspector noted that some of the brush smoke seals on some fire doors in one of the houses had been painted over which potentially impacted upon their effectiveness in preventing the spread of smoke in the event of fire.

### Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members, while others were supported to visit family at home.

Judgment: Compliant

### Regulation 13: General welfare and development

One resident had not been facilitated with the opportunity to return their to day services in line with their wishes.

Judgment: Substantially compliant

### Regulation 17: Premises

Some parts of the premises required repair and maintenance, for example, the floor covering to the en suite shower room in one bedroom was defective and stained.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were available. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. All staff had received relevant training in various aspects of infection control.

Judgment: Compliant

### Regulation 28: Fire precautions

Some of the brush smoke seals on some fire doors in one of the houses had been painted over which potentially impacted upon their effectiveness in preventing the spread of smoke in the event of fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Residents were supported to access vaccination programmes and national screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. Safeguarding plans in place were implemented and kept under regular review.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Woodhill Services OSV-0004944

Inspection ID: MON-0027793

Date of inspection: 29/03/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The resident who had not returned to her day service due to the pandemic and her health needs is now returning on Monday 25th April initially 3 days a week which will increase to 5 days a week over a period of time as per her wishes.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The floor covering in the en suite of one of the bedrooms which is stained will be replaced and the en suite decorated as necessary.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The brush seals on all fire doors that have been painted will be replaced in order to ensure they are effective in preventing the spread of smoke in the event of a fire.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	25/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2022