



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

## Issued by the Chief Inspector

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|----------------------------|-----------------------|
| Name of designated centre: | Windemere, Balbriggan |
| Name of provider:          | Praxis Care           |
| Address of centre:         | Co. Dublin            |
| Type of inspection:        | Announced             |
| Date of inspection:        | 26 February 2025      |
| Centre ID:                 | OSV-0006374           |
| Fieldwork ID:              | MON-0037497           |

## About the designated centre

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

Windemere is a large detached home set in its own grounds in a town in Co. Dublin. The home is in walking distance to many local amenities and public transport links. Windemere can accommodate up to five individuals in total, between the age of 16 and 24 years. This included three in a group living arrangement within the house and two in self-contained apartments that are attached to the house. In the multi-occupancy setting the residents have a shared kitchen, large dining room, sitting room, sun room and further quiet room. Each resident has their own individual bedroom. A further two residents can be accommodated in additional self-contained apartments complete with own kitchen/living space, bathroom, and sitting room. All placements are on a full-time permanent basis. Windemere aims to provide appropriate support to individuals over the age of 18 years with a diagnosis of intellectual disability, mental ill health and assessed medical needs. The staffing compliment includes a person in charge, team leaders, and support staff. There were two waking night support workers on duty at night in the centre. Preceding this inspection, the provider had made an application to vary its conditions of registration to reduce bed numbers from five to four and to only accommodate service users who were over the age of 18 years. This application was being processed at the time of this inspection.

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

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| Number of residents on the date of inspection: | 3 |
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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 26<br>February 2025 | 10:00hrs to<br>17:00hrs | Maureen Burns<br>Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. However, maintenance was required in some areas and there were some staff vacancies at the time of inspection.

The centre comprised of a large detached house which included two self contained apartments. The centre was registered to accommodate a total of five residents, with three in the main house and one in each of the two self contained apartments. However, at the time of inspection there was only one resident living in the main house and consequently there were two vacancies. Each of the residents had been living in the centre for more than four years. The centre was located on its own grounds in a town and within walking distance of shops and other local amenities. There was a medium sized and well maintained garden for the main house and two separate smaller gardens for the individual use of the residents in each of the apartments. Each of the garden areas had a trampoline and swing for the use of the resident living in that area.

The centre was found to be comfortable, accessible and homely. However, some worn paint, mainly on woodwork was observed in a small number of areas. Also worn and broken surfaces were observed on the kitchen presses in one of the apartments. It was reported by the person in charge that a new kitchen was being sourced for the apartment. The main house was spacious with a good sized kitchen, come dining and sitting room area. Each of the two apartments were a suitable size and had been nicely decorated. The residents each had their own en-suite bedroom which they had personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

On this inspection, the inspector met briefly with one of the three residents living in the centre. One of the residents was on a planned family holiday while the other resident attended their day service and a planned visit to family for the evening. The resident who met with the inspector, had limited verbal communication skills but appeared happy to see staff on their return from day services. The resident was observed moving at a fast pace when seeing a staff member and giving them a warm hug. The resident then proceeded to do a tour of their main communal area to check on a range of sensory items they had displayed on the coach before proceeding to the kitchen and choosing a pre prepared meal from the fridge which they placed in the microwave. Warm interactions between the resident and staff caring for them was observed.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display in each of their living areas. In

one of the resident's apartments a collection of their birthday cards and balloons from their last birthday some months previous were on display and it was reported that this resident enjoyed keeping these on display for a long period after the event. Some art work and pottery completed by one of the residents was also on display. One of the residents had a keen interest in volcanoes and had pictures of volcanoes and a world map depicting volcano locations.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. There was evidence of regular house meetings with the residents and discussions regarding their needs, preferences and choices in relation to activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones. The three residents with the support of staff had completed an office of the chief inspector questionnaire about 'what it was like to live in your home'. These indicated that the residents were happy living in the centre and that their rights were upheld. Residents had access to an advocacy service if they so wished.

From a review of records and observation by the inspector, it was noted that a number of restrictions had been reduced and or removed in the preceding period in consultation with the residents and their families. For example, locks on press doors in one of the kitchens had been removed. There was evidence of key working meetings with the residents in relation to their needs, preferences and choices regarding restrictive practices in the centre. There remained a significant number of restrictions in place but these were subject to regular review.

The residents were actively supported and encouraged to maintain connections with their friends and families. Each of the residents had regular visitors to the centre and were also supported by staff to make visits and overnight stays to their family homes. In July 2024, the provider had an anniversary party to celebrate the provider being 40 years in operation. This was held in the main house and each of the residents and their family members attended with staff. Staff told the inspector that on other occasions the residents enjoyed coming together for various celebrations, for example birthdays or activities, such as visits to the zoo or the cinema. However, they generally preferred their own individualised space and individual activities. The inspector noted there were plans to have a party in the centre for Easter. The residents' families were invited to attend a family forum ran by the provider in 2024 to provide them with information on various topics such as advocacy and to give families an opportunity to provide feedback.

The residents were supported to engage in meaningful activities in the centre, although some residents were reluctant to engage in many activities. The residents, with staff support had recently created and had professionally printed a cook book with all their favourite meals. This included pictures of each of the residents in their cooking attire and pictures taken in the centre of each of the meals for specific recipes. The inspector observed that the resident met with appeared to be happy

with this achievement. Each of the three residents were engaged in a formal day service programme which it was reported that they enjoyed. One of the residents only engaged in their day service programme two days per week and had an individualised service provided from the centre on the other days. Examples of activities engaged in by residents included, walks to local scenic areas, jig saws and board games, arts and crafts, watching DVDs, listening to music, meetings with family and friends, meals out, and shopping. There were some safeguarding concerns in relation to one of the resident's safety awareness. However, suitable safeguarding plans and measures had been put in place. The centre had two accessible vehicles for use by the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection undertaken to assess the providers compliance with the regulations so as to inform an application by the provider to renew the registration of the centre. The provider had been registered to accommodate up to five residents between the age of 16 and 24 years. However, the provider had made an application to vary these conditions of registration and to reduce bed numbers from five to four residents, to only provide a service for residents over 18 years and to change the foot print of the centre by converting one of the bedrooms into a quiet room for residents use. This application was being processed at the time of this inspection.

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. Overall, the centre was well resourced with sufficient staffing arrangements, facilities and available supports to meet the needs of the residents. However as identified later in the report there were a small number of staff vacancies and maintenance and repair were required in some areas.

The centre was managed by a suitably qualified and experienced person. They held a management qualification and had more than five years management experience. The person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. They were in a full-time position and was not responsible for any other centre. They were supported by four team leaders who had some protected time for their management role. The person in charge was found to have a good knowledge of the requirements of the regulations. They had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to

the head of operations, who in turn reported to the regional director of care. The person in charge and head of operations held formal meetings on a regular basis.

#### 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. The person in charge had been in the position for an extended period. The inspector reviewed the schedule 2 information, as required by the regulations, which the provider had submitted. These documents demonstrated that the person in charge had the required qualifications and experience for the role. They were in a full time position and were not responsible for any other centre. They had a good knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the skills, qualifications and experience to meet the assessed needs of the residents. A significant number of the staff team had been working in the centre for an extended period. However, the full complement of staff were not in place at the time of inspection. There were 2.2 staff vacancies at the time of inspection. This was being covered by a small number of regular relief and agency staff members. This meant that there was some consistency of care for the residents and enabled relationships between the residents and staff to be maintained. Recruitment was underway for two of these positions. The inspector noted that the residents' needs and preferences were well known by the staff met with, and the person in charge. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Staff had also attended training in relation to open disclosure and assisted decision making. There



was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. The inspector reviewed a sample of four staff supervision records and found that they appeared to be supportive and to have undertaken in line with the frequency proposed in the providers policy. Two members of staff spoken with on the day of inspection, told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings in the preceding three month period. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues, and to review policies and procedures.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were suitable governance and management arrangements in place to ensure the delivery of high quality person-centred care and support. The provider had completed an annual review of the quality and safety of the service and also unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. The provider's head of operations completed a monthly announced audit in the centre. There was an ongoing quality improvement plan in place. The person in charge had undertaken a number of other audits and checks in the centre. Examples of these included, medication management and health and safety checks and audits. The inspector reviewed the minutes of regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings. There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose in place, which had recently been reviewed and found to contain all of the information set out in schedule 1 of the regulations. It was reflective of the facilities and services provided for residents in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of all incidents that occurred in the centre were maintained. From a review of incidents in the preceding six month period, the inspector found that adverse events and incidents, as listed in the regulations were reported within the prescribed period to the Chief Inspector of Social Services.

Judgment: Compliant

## Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. There were some safeguarding concerns in relation to one of the residents safety awareness. However, suitable safeguarding plans and measures had been put in place.

A suitable and comfortable environment for residents was observed by the inspector. There were procedures in place for the prevention and control of infection. Although the inspector observed that all areas appeared clean, some maintenance and repair was required in a small number of areas which consequently had a negative impact on infection prevention and control arrangements.

Care plans and 'Everyday Living Model plan' personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

The inspector found that the health and safety of the residents, visitors and staff were promoted and protected. Preventative control measures had been put in place for an identified risk and were subject to regular review. Suitable precautions were in place against the risk of fire.

## Regulation 13: General welfare and development

The inspector reviewed records which showed that each of the residents had opportunities to participate in activities of their choosing in accordance with their interests, capacities and developmental needs. The residents were supported to engage in meaningful activities, although some residents were reluctant to engage

in many activities. Each of the three residents were engaged in a formal day service programme which it was reported that they enjoyed. One of the residents only engaged in their day service programme two days per week and had an individualised service provided from the centre on the other days. Examples of activities engaged in by residents included, walks to local scenic areas, jig saws and board games, arts and crafts, watching DVDs, listening to music, meetings with family and friends, meals out, and shopping. The residents, with staff support had recently created and had professionally printed a cook book with all their favourite meals. This included pictures of each of the residents in their cooking attire and pictures taken in the centre of each of the meals related to specific recipes. The inspector observed that the resident met with appeared to be happy with this achievement.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed that the centre was comfortable, warm and homely. Each of the residents had their own en-suite bedroom and each of the living areas had been personalised according to the preferences of the resident living in that area. However, some worn paint, mainly on woodwork was observed in a small number of areas. Also worn and broken surfaces were observed on the kitchen presses in one of the apartments. It was reported by the person in charge that a new kitchen was being sourced for the apartment.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The inspector found that the health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy in place. Environmental and individual risk assessments were on file which had been recently reviewed. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. There was an identified health and safety risk in the centre due to the behaviours of one of the residents. Preventative control measures had been put in place and were subject to regular review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. The inspector observed that all areas appeared clean, However, maintenance and repair was required in some areas, as referred to under regulation 17 which was noted to impact on infection and control arrangements. A cleaning schedule was in place which was overseen by the person in charge. Specific training in relation to infection control had been provided for staff. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. The residents had a personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of the individual residents. The inspector tested the fire door release mechanism on a sample of doors and found that they were successfully released and doors were observed to close fully.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. The inspector reviewed a sample of care plans and 'Everyday Living Model plan' personal support plans for three of the residents. These were found to reflect the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of each of the personal plans had been completed in line with the

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| requirements of the regulations.  |
| Judgment: Compliant   |
| Regulation 6: Health care   |
| <p>The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. There was evidence that the residents had regular visits to their general practitioners and other health and social care professionals as required.</p>  |
| Judgment: Compliant   |
| Regulation 7: Positive behavioural support  |
| <p>The residents appeared to be provided with appropriate emotional and behavioural support. A number of the residents presented with complex behaviours which could be difficult for staff to manage. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting the resident. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities.</p> <p>There was a restrictive practice register maintained. From a review of records and observation by the inspector, it was noted that a number of restrictions had been reduced and or removed in the preceding period in consultation with the residents and their families. For example, locks on press doors in one of the kitchens had been removed. Two staff spoken with outlined to the inspector the risks involved and the impact that the use of restrictive practices had on an individual resident's rights and liberty. All restrictive practices used were subject to regular review with the purpose to reduce or eliminate where possible their use. The inspector noted that all restrictive practices were discussed as part of residents' annual personal plan review meetings as part of a multidisciplinary approach.</p> |
| Judgment: Compliant   |
| Regulation 8: Protection  |
| <p>There were measures in place to keep residents safe and to protect them from abuse or harm. There were some safeguarding concerns in relation to one of the resident's access to the community. However, suitable safeguarding plans and</p>   |

measures had been put in place. The behaviours of a number of the residents could on occasions be difficult for staff to manage but overall incidents were considered to be well managed. Safeguarding plans were in place for residents identified to require same. Allegations or suspicions of abuse were appropriately responded to. The provider had a safeguarding policy in place. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted in the centre. Residents' had access to an advocacy service. The inspector reviewed records of consultations with the residents and their family regarding their care and the running of the centre, for instance, there was a dignity planning document for each resident, which had been completed in consultation with residents' families regarding their care, support and spiritual needs. Safeguarding and human rights were regular agenda items at residents monthly meetings. The inspector observed that staff treated the resident present on the day of inspection, with dignity and respect and that their privacy was respected. The inspector reviewed records of regular key working meetings with individual residents where it was noted their rights were discussed. Information on residents rights was available in an accessible format in the centre. There were also easy to read versions of support plans, complaints and safeguarding procedures. The provider had a human rights committee in place who met on a regular basis to discuss residents' rights across the service.

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>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Substantially 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               |
| <b>Quality and safety</b>                             |                         |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | 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 Windemere, Balbriggan OSV-0006374

Inspection ID: MON-0037497

Date of inspection: 26/02/2025

## 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 15: Staffing  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:  |                         |
| The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre  |                         |
| <ul style="list-style-type: none"><li>• The registered provider can confirm that a recruitment drive is ongoing. Interviews are scheduled. Latest interviews were held on 21/03/25. Further interviews are arranged for the 03/04/25. Completion date 30/05/2025</li><li>• The Person in Charge will recruit for the 2 WTE vacancies and a relief panel of staff. In the interim The Person in Charge will continue to use consistent relief and agency staff, ensuring that they are suitably experienced and qualified. Completion date: 31/07/2025.</li></ul> |                         |
| Regulation 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:  |                         |
| 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.   |                         |
| <ul style="list-style-type: none"><li>• The Person in charge will ensure the timely completion of the property concerns highlighted during the time of inspection. Completion date 30/04/2025.</li><li>• The Registered Provider can confirm that a contractor has been sourced to replace the apartment kitchen. The new kitchen has been ordered. Completion 30/04/25</li><li>• The Registered Provider can confirm that a contractor painter and decorator has been sourced to repaint the required areas and woodwork. Completion 30/04/25</li></ul>         |                         |

## 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 15(1)    | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow      | 30/06/2025               |
| 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      | 30/04/2025               |