



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

## Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Supported Living
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	27 February 2023
Centre ID:	OSV-0002927
Fieldwork ID:	MON-0038444

## About the designated centre

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

The registered provider stated the aims and objectives of the service provided with St. John of God, Kerry Services, supported living is to "enable and empower individuals with an intellectual disability to access, in accordance with their wishes and abilities, the spiritual, social, educational, training and employment opportunities that are available to all residents". This centre can provide accommodation to eight individuals over the age of 18, both male and female, with an intellectual disability. Accommodation is spread over six apartments, two of which are 2 bedrooms. Staffing support is afforded to residents in accordance with their assessed needs. Presently this is through social care workers and the day to day oversight is maintained by a person in charge.

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

Number of residents on the date of inspection:	8
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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
Monday 27 February 2023	10:00hrs to 15:30hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents living in this centre experienced a good life, their independence was promoted and supported to live a good life, and it was evident that they had fostered good links with the community which enhanced and maintained relationships. There was good evidence on the day of inspection that residents were supported to have control over their own lives and were very much involved in the running of their home.

This centre is currently registered by the chief inspector to accommodate eight people. It is made up of a number of individualised and shared apartments in the community close to the local town centre. This inspection was carried out to review the quality and safety and care and welfare of residents living in this centre. This inspection was unannounced and carried out in line with the health Act 2007 (as amended) and the associated regulations. On the day of inspection the inspector arrived to the centre and was allowed access by the person in charge. All of the residents were out and about attending their chosen activities for the day. As it was a Monday some residents were returning from been away for the weekend and had alternative plans. Therefore the inspector did not get to meet any of the residents as it was important not to impact the resident's routine.

The inspector initially spent some time discussing the centre with the person in charge who only took up the role earlier in the year. After this discussion the inspector did a walk around to all the units that made up the designated centre.

Each of the apartments were well furnished, clean and homely. However there was issues with storage space for some of the units as the laundry facilities were stored in an area used for a toilet. The provider had identified this as an issue and was actively looking at ways to resolve this. It was also observed by the inspector that a number of fire doors did not close properly and this was demonstrated to the person in charge on the walk about. The person in charge contacted maintenance to review and resolve this issue during the morning of the inspection.

It was noted that the main area of the apartments were well laid out with suitable kitchen and communal space. Each of the residents had their own bedroom which was decorated in line with their preference, hobbies and interests. It was also noted that residents had control over their own environment and were involved in the upkeep, housekeeping and management of their living space. It was also noted that meal planning was carried out in consultation with the resident and where resident's required specific dietary support this was arranged and incorporated into the residents care plan.

The inspector reviewed the information pertaining to residents and noted some medical diagnoses for some residents had impacted their overall wellbeing. However during these stages of recovery the provider ensured at all times the resident's independence was supported, and attention to their overall health and wellbeing

was evident in the social stories and the resident's recovery. For another resident there was a changing need that required additional supports to reduce risk. The person in charge ensured there was input from allied health professionals, medial support, training for staff and updated care plans to support the resident live the best live in their own home. This resident had voiced they do not want to have to go to a nursing home and it was evident that the person in charge and staff were supporting the changing needs in a holistic manner so the resident can continue to live in the community.

Overall the inspector noted this was a good service providing individualised supports to residents in their home and in their community. However there was some areas for improvement such as fire related concerns and premises, which will be discussed in the next sections of the report.

## Capacity and capability

The inspector found that the residents received support and care that was person centred with a focus on independent living skills and community inclusion. The management team adapted the service to the changing needs of residents with a focus that care and support was individualised to maximise independence.

The inspector reviewed the governance and management systems that were in place in this centre. The provider had systems in place to ensure good oversight and accountability. The person in charge was supported by a person participating in management and it was noted and observed that supports are in place for the person in charge to fulfil their role. There was a clear defined management structure in place so staff were aware of their roles and responsibilities.

The person in charge was only in the post a few weeks prior to this inspection but on the day had a very good knowledge of all the resident's needs. During the introduction meeting the person in charge gave an overview of all the residents' current and future needs. They also demonstrated a commitment to ensuring the residents get the best possible service so they can continue to reside in their homes with social and medical supports been provided in their current environment.

The provider outlined the complement of staff as outlined in the providers statement of purpose which highlighted the numbers and skill mix of staff required for the centre. It was noted that there is a continuity of staff and from the rotas reviewed these were consistent. However the provider has a 0.5 WTE for nursing but from a review of the rota it was noted that there was only 0.25 WTE in place. The provider is required to comply with regulation 15 staffing as this highlights where nursing is required subject to statement of purpose and assessed needs it is provided. This was highlighted to the provider in feedback. The person in charge had ensured that information in respect of all staff was in line with schedule 2.

The provider had carried out its own unannounced visits to the centre and this was

very comprehensive. The most recent unannounced was carried out in January 2023 and it was demonstrated from a review of the documentation that the provider followed up on its own action plan to validate the actions carried out were implemented. There was also evidence that consultation took place with residents and this was incorporated into the report. Other areas reviewed by the provider in their own visit included, incidents, medication management, safeguarding and issues pertaining to transport. The transport issue was reported by residents via the complaints process due to vehicle breakdown which impacted their access to the community. There was good evidence that the provider took this seriously and the issue was resolved prior to this inspection.

From a review of the complaints log these were been followed up, however the provider had not followed up to determine whether or not the resident was satisfied with the outcome of the complaint, as required by the regulation.

#### Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills and qualifications to carry out their duties. On the day of inspection the person in charge demonstrated good oversight of the centre with a focus on person- centredness and individualised supports for residents.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had outlined the skill mix and numbers of staff required in line with the assessed needs and this was documented in the providers statement of purpose. However from a review of the rota it was noted that there was a shortfall of hours in relation to the position of staff nurse.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge ensured staff had access to appropriate training in line with the assessed needs of residents. From a review of the providers training plan it was noted where refresher training was due to take place there was a plan for this. It was also noted on inspection that the person in charge had ensured staff received training due to changing needs of some residents.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider ensured there was a directory of residents in place and contained all information as per schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had clear defined management structure in place to operate the centre. They had very good process in place to enhance and support quality of life for residents. There was also good processes in place to support staff carry out their duties. However there was some areas that were noted for improvement:

Lack of space for laundry facilities

Shortfall in nursing support which was not in line with assessed needs

A number of fire doors were not closing properly

Assurances in relation to the evacuation of residents from a building block in the event of a fire

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place that was updated in accordance with the regulation and contained all information as outlined in schedule 1.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge had processes in place in relation to volunteers for this centre

in line with the requirements of the regulation
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had put in writing to the chief inspector any adverse incidents that had occurred in the designated centre.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was an effective complaints procedure in place in the registered centre and there was also easy read documents evident on how to make a complaint. It was noted that the provider had followed up on all complaints, however the provider for some complaints had not noted if the outcome of the complaint was to the satisfaction of the complainant, as required under the regulation.
Judgment: Compliant
<b>Quality and safety</b>
<p>The provider ensured that each resident in this centre has the opportunity to live a good life and where additional supports due to changing needs are required that these are put in place to maximise supported living for each resident as outlined in their statement of purpose.</p> <p>From a review of the records it was noted that each person residing in this centre is accommodated in line with their assessed needs and changing needs. Plans reviewed were clear and written in a manner that were dignified and supportive so as to ensure the right supports are in place for residents. For example one resident recently developed an issue with swallow, the person in charge was proactive in ensuring that training was put in place for staff, input from allied health professionals and there was evidence of consultation with the resident about their needs and visual charts in place to explain the process. There was also a commitment to another resident to support their independence in the community and even though this person had gone through a treatment process that was impacting their health, the provider had ensured supports were in place to balance between the rights of their person and their duty in supporting their personal and</p>

health circumstances. It was evident from a review of social stories and activities that this person continued to be independent in the community, maintaining control and choice over their environment, friendships and meaningful day.

Personal plans reviewed incorporated the voice of the resident and what their goals were. It was evident that annual meetings were happening and goals were been reviewed. For example it was noted that residents attended matches, functions and clubs in the community, shopping trips away, supported on holidays, access to a meaningful day and supports in relation to maintaining independence.

Health care plans, personal plans and behavioural plans were consistent with focus on the individual and assessed needs of each resident. They were clear and easy to understand so that residents received a consistent approach to care and support from staff.

As noted previously in the report there was issues with the closure of a number of fire doors in different units of the centre. The provider did have in place a number of fire safety management systems, such as fire equipment, risk assessments, policies and fire drills. The inspector observed that fire containment and evacuation arrangements at the centre were not effective on the day of inspection and did not reflect the needs of residents.

### Regulation 10: Communication

The registered provider ensured that residents were supported and assisted in line with their assessed needs. The inspector noted access to telephone and media. There was also easy read and visual charts in place as required.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in their own home, there was sufficient space available for residents to facilitate their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to their own personal property and where required supported

to manage their own finances.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. It was evident from the activity records, social stories and photographs that residents accessed the community and were supported with independent living skills. It was also noted that in relation to their meaningful day, this was facilitated and supports put in place where required.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises were laid out to meet the assessed needs of each resident and were furnished in line with choice, preference individual need, however there was a lack of space for laundry facilities as some were stored in the room used for the toilet.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to prepare and cook their own food, had choice at mealtimes and that each individual dietary need was supported. There was adequate provisions of food available to residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured there was good management systems in place to reduce risk and support positive risk taking. It was noted on inspection that risk assessments were updated regularly and control changes made in line with the needs of the resident.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had measures in place in relation to infection control. It was noted that the contingency plan had been updated and systems in place to support those residents who may be at risk. Consent was noted for residents who had received vaccinations.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had systems in place and fire equipment was reviewed. The provider had carried out audits and checks in line with their own processes. However on the day of inspection it was noted that a number of fire doors did not close properly. It was also noted that fire drills were per individual unit and not for units contained within a building block.

From a review of the fire drills it was noted that these were taking place and been recorded. However the centre had carried out these drills per unit as opposed to the overall centre. The apartments were in two different building blocks but where there was units next to each other or in the same block there was no evidence of an overall fire drill so that measures could be put in place in the event of a fire. For example the personal evacuation plans for residents outlined some individual supports residents required and if only one staff was on duty they would not be able to evacuate in a timely manner. One resident was visual impaired, another used headphones and it was evidenced that they did not always hear the trial fire drill. On the day on inspection the provider was advised that the chief inspector would require assurances that residents could be evacuated in a safe manner in the event of a fire. The provider committed to looking at this.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was appropriate measures in place to ensure suitable practices were in place. Some residents managed their own medication and where this was the case an assessment in relation to self medication was carried out,

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. There was evidence of goals been set by the resident and staff supporting same. It was also evident that supports provided were in line with the personal, social and health needs of each resident and a social model of support was been provided to maximise independence.

Judgment: Compliant

### Regulation 6: Health care

Health care plans reviewed were in line with the individual and changing needs of residents. Where medical treatment was required this was facilitated and was evidenced to be done so in a personable manner. There was good evidence of follow up with medical and allied health care professionals. It was also noted that residents were consulted about their care and supported through their illness or changing need in a manner that maintained their independence.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured staff had up to date knowledge to respond to behaviour that is challenging. There was no restrictions noted on this inspection that would impact the quality of life of residents.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to prevent abuse. There was evidence that staff had receive training in safeguarding

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that rights of residents was promoted in the centre and the community. The inspector reviewed the providers rights awareness document that was implemented for residents in the centre, for example some areas reviewed were decision making, finances, restrictions, supports and focused on how the resident could be supported with their rights. Some areas of good practice was noted on the day of inspection, for example a resident been supported to live the life they choose after a significant illness and for another resident respecting their right to be supported at home even though there are changing needs as the person gets older. It was also noted on inspection that residents are consulted and are very involved in the management of their life and their home.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. John of God Kerry Services - Supported Living OSV-0002927

Inspection ID: MON-0038444

Date of inspection: 27/02/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regulation 15(2)</p> <p>The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>The Registered provider has 0.5 WTE Staff nurse in the Designated Centre. There is an arrangement in place by the Registered Provider's whereby Nursing cover is available from the day programme healthcare department when required ensuring that there is no shortfall in nursing hours based on the assessed needs.</li> </ul> <p>Completed by 27/02/2023</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23(1)(c)</p> <p>The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p>	

## Action Plan

- The Registered provider has 0.5 WTE Staff nurse in the Designated Centre. There is an arrangement in place by the Registered Provider's whereby Nursing cover is available from the day programme healthcare department when required ensuring that there is no shortfall in nursing hours based on the assessed needs.

Completed by 27/02/2023

- The PIC has submitted a request for maintenance to carry out works in the apartments identified as having a lack of space for Laundry facilities. The current room will be converted to a laundry and storage facility only.

Completed by: 31/08/2023

- The PIC ensured the maintenance department was contacted on the day of inspection to address the issue of identified fire doors not closing properly and for this to be resolved immediately.

Completed by 27/02/2023

- The PIC ensured that all fire doors within the Designated Centre were reviewed by the Health and Safety Co-Ordinator and competent External Fire Expert on their site visit and received confirmation that all fire doors are closing properly.

Completed 29/03/2023

- The PIC ensured that the process of fire evacuation drills were reviewed with the Health and Safety Coordinator and a competent External Fire Expert.

Completed 29/03/2023

- A procedure has been developed by the Health and Safety Coordinator and a competent External Fire Expert which has a fire drill procedure and has evacuation drills that take place in blocks of three apartments which are located in close proximity. Residents in those apartments are informed to leave their apartment as a fire safety measures and assemble at the assembly point.

Completed 29/03/2023

- Health and Safety Coordinator will ensure Site Specific Emergency Procedures will be updated to reflect this change in procedure.

Completed by: 30/04/2023

- The PIC will ensure that the new fire evacuation procedures is brought to the attention of all staff members within the Designated Centre.

Completed by: 30/04/2023

- A fire drill took place on the 29/03/2023 and included the evacuation of apartments 15, 17 and 18. The alarm was sounded in apartment 15 and residents responded promptly, residents also evacuated in apartment 17 on hearing the alarm sounding next door without a prompt from staff.

Completed 29/03/2023

- A review of the Site Specific Evacuation Procedure, Guidelines On Fire Alarm Response Strategy, previous evacuation drill reports, alarm system and PEEPS for the Designated Centre took place on the 29/03/2023 with a Competent External Fire Expert and Health and Safety Co-Ordinator.  
Completed 29/03/2023

- The Health and Safety Co-Ordinator and competent External Fire Expert ensured particular emphasis of the review they carried out was on the evacuation strategy for periods when one staff member is on duty and residents with additional requirements such as visual impairment and headphone use.  
Completed 29/03/2023

- The Health and Safety Co-Ordinator will review the evacuation tool to assist evacuation of resident with visual impairment and headphone usage, following this a further review of the PEEPS will be implemented.  
Completed by: 30-05-2023

- The PIC has requested the Health and Safety Co-Ordinator and the Competent External Fire Expert to conduct a further site visit to observe Fire Evacuation and review additional measures put in place.  
Completed by: 30/04/2023

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
Regulation 17(1)(a)  
The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Action Plan

- The PIC has submitted a request for maintenance to carry out works in the apartments identified as having a lack of space for Laundry facilities. The current room will be converted to a laundry and storage facility only.  
Completed by: 31/08/2023

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28(2)(b)(i) The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</p> <p>Regulation 28(4)(b) The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• The PIC ensured the maintenance department were contacted on the day of inspection to address the issue of identified fire doors not closing properly and for this to be resolved immediately. Completed by 27/02/2023</li> <li>• The PIC ensured that all fire doors within the Designated Centre were reviewed by the Health and Safety Co-ordinator and competent External Fire Expert on their site visit and received confirmation that all fire doors are closing properly. Completed 29/03/2023</li> <li>• The PIC ensured that the process of fire evacuation drills were reviewed with the Health and Safety Coordinator and a competent External Fire Expert. Completed 29/03/2023</li> <li>• A procedure has been developed by the Health and Safety Coordinator and a competent External Fire Expert which has a fire drill procedure and has evacuation drills that take place in blocks of three apartments which are located in close proximity. Residents in those apartments are informed to leave their apartment as a fire safety measures and assemble at the assembly point. Completed 29/03/2023</li> <li>• Health and Safety Coordinator will ensure Site Specific Emergency Procedures will be updated to reflect this change in procedure. Completed by: 30/04/2023</li> <li>• The PIC will ensure that the new fire evacuation procedures is brought to the attention of all staff members within the Designated Centre. Completed by: 30/04/2023</li> <li>• A fire drill took place on the 29/03/2023 and included the evacuation of apartments 15, 17 and 18. The alarm was sounded in apartment 15 and residents responded promptly, residents also evacuated in apartment 17 on hearing the alarm sounding next door</li> </ul>	

without a prompt from staff.

Completed 29/03/2023

- A review of the Site Specific Evacuation Procedure, Guidelines On Fire Alarm Response Strategy, previous evacuation drill reports, alarm system and PEEPS for the Designated Centre took place on the 29/03/2023 with a Competent External Fire Expert and Health and Safety Co-Ordinator.

Completed 29/03/2023

- The Health and Safety Co-Ordinator and competent External Fire Expert ensured particular emphasis of the review they carried out was on the evacuation strategy for periods when one staff member is on duty and residents with additional requirements such as visual impairment and headphone use.

Completed 29/03/2023

- The Health and Safety Co-Ordinator will review the evacuation tool to assist evacuation of resident with visual impairment and headphone usage, following this a further review of the PEEPS will be implemented.

Completed by: 30-05-2023

- The PIC has requested the Health and Safety Co-Ordinator and the Competent External Fire Expert to conduct a further site visit to observe Fire Evacuation and review additional measures put in place.

Completed by: 30/04/2023

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	27/02/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	31/08/2023

	to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/05/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/05/2023