



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

## Issued by the Chief Inspector

Name of designated centre:	Sunny Gardens
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	04 and 05 October 2021
Centre ID:	OSV-0005299
Fieldwork ID:	MON-0026298

## About the designated centre

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

Sunny Gardens is a designated centre operated by Sunbeam House Services. It comprises of a full-time residential home close to a town in County Wicklow, and a COVID-19 isolation unit located on a small campus close by. It provides full-time community residential support for up to three people with disabilities in one unit, and can support two residents in it's isolation unit who require self isolation due to suspected or confirmed COVID-19. The residential unit of the designated centre is a two storey house which consists of a kitchen/dining room, sitting room, a shared bathroom, three individual resident bedrooms and a staff sleepover room. The isolation unit is a three-bedroom bungalow with sitting room, kitchen/dining room and bathroom facilities. The centre is staffed by the person in charge, social care workers and care assistants.

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

Number of residents on the date of inspection:	3
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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 5 October 2021	10:30hrs to 18:15hrs	Louise Renwick	Lead
Monday 4 October 2021	10:30hrs to 18:15hrs	Michael Muldowney	Support

## What residents told us and what inspectors observed

It was clear from what residents told inspectors and from what inspectors observed that the residents were receiving quality and safe services in the designated centre. Inspectors spoke with two residents who lived in the residential unit during the inspection, and a third resident over the telephone the following day and heard their experience of living in the designated centre. Residents said that they liked living in the centre, they enjoyed meaningful activities and were actively involved in their community. One resident told the inspectors about their upcoming holiday which was one of their personal goals. Residents also spoke to inspectors about visiting their family and described using local services such as coffee shops and hairdressers. Some residents had recently rearranged their bedroom to make it easier for them to move around independently, and had a new television installed.

Residents told inspectors that they were happy in their home, got on well with their housemates and were happy with their staff support. Another resident briefly spoke to inspectors and told them about their part-time job. The inspectors spent a short time in residents' home and observed staff engaging with residents in a very warm, respectful and professional manner. There were familiar staff working in the centre and during the inspection inspectors observed that residents appeared very comfortable around staff members. Residents had continuity of care from a staff team of permanent staff employed by the provider, who knew residents well.

The centre comprises two locations. One unit provided community based residential care. The inspectors found the house to be warm, well maintained, clean and homely. Some residents invited inspectors to see their bedroom which they were very happy with and inspectors observed it to be spacious, comfortable and decorated to the resident's taste. While the home was comfortable and spacious, some areas of the home were not fully accessible to all residents. Inspectors spoke to residents about this, who said that they liked to use their kitchen themselves, but for some residents the counters were too high and appliances too far out of reach for their safe use independently. The provider was exploring options to bring about improvements and to reduce the impact of this. For example, staff were considering alternative table-top hob cookers or different appliances that would better support independence for all residents.

In the residential unit a staff member demonstrated to inspectors how a profile bed would be moved should an evacuation be required at night-time. This was practiced as part of routine fire drills regularly and so as to assure the staff team that in the event of a fire at night-time, residents could be safely supported to leave the building. Inspectors saw fire safety systems and fire containment measures in place in this unit of the designated centre, and residents understood what to do in the event of an emergency.

There were no residents using the isolation unit on the day of the inspection, and in general this unit had not been frequently used in the previous year. Inspectors

viewed the premises and spoke with the management team about the use of the building and the oversight arrangements in place. This isolation unit which was established during the COVID-19 pandemic as part of the provider's response and management plan to prevent infection. The aim of the unit was to assist residents of other designated centres operated by the provider, to have somewhere safe to stay where they could self-isolate successfully if suspected or confirmed with COVID-19. The unit was used for short term use and was generally clean and functional, however improvements were required to some soft furnishings and to the general upkeep of the building. Inspectors were aware that the premises were generally vacant and not in use unless for emergency situations, and this impacted on the findings. While there was adequate fire safety systems in the isolation unit, such as a fire detection and alarm system, multiple exit points, emergency lighting and fire fighting equipment, there were no fire containment measures in place. This had been assessed by a relevant professional and the risk deemed low due to the measures in place and the low frequency of use along with the staffing provided in the centre.

The next two sections of the report present 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 service being delivered.

## Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs. Some areas were identified for improvement on this inspection in relation to the premises, fire containment, documentary evidence for the person in charge role and the oversight and management of the isolation unit.

There were good management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. There was effective oversight of the quality of care provided in the residential unit however the governance arrangements of the isolation required further clarification to ensure that the lines of authority and responsibility were defined. The provider was completing regular themed audits across the designated centre as well as an annual review and six-monthly unannounced audits. The audits identified positive findings and areas for improvement which were appropriately addressed by the provider and person in charge. Inspectors found that the oversight systems in place where proactively identify and addressing any issues.

There was a clear written Statement of Purpose and it was found that the centre operated in line with this which had been updated to reflect recent management changes.

The provider had recently appointed a new person to the role of person in charge, and this had been notified to the Chief Inspector as required. The person in charge was supported in their role by a deputy manager and senior manager. Inspectors met the newly appointed person in charge on the day of inspection along with a deputy manager who supported them in their role. The person in charge demonstrated a good understanding of the needs of residents in the designated centre, the risks that were being managed and the quality of the care and support being delivered. They were aware of their regulatory responsibilities and spoke to inspectors about their work experience, skills and qualifications that were relevant to this designated centre and the statement of purpose. The person in charge was employed in a full-time capacity and had responsibility for two designated centres. The provider had ensured effective governance systems were in place to support this. While the person in charge met the requirements of the regulations, some information was outstanding to evidence recently completed courses and qualifications that were in process.

There was a stable and consistent staff team employed to work in the designated centre. There were generally two staff on duty in the residential unit during the day-time and one staff member during the night. Additional hours had been put in place during the previous year to support residents to avail of activities and occupation from their home environment, while day services had closed. The person in charge maintained a planned and actual roster identifying who was working each day and night. Residents were supported by a team of staff who knew them well. While the isolation unit was sporadically used, it did not have agreed identified staffing. Inspectors saw records that indicated at times when this unit was used by residents, they were supported by familiar staff from their own designated centre, who knew them well.

Staff working in the centre had received training in areas identified as being mandatory by the provider such as safe administration of medicine, fire safety, and safeguarding and protection of residents. There was an oversight system in place to ensure any training needs were identified and training scheduled for staff who required it. There was supervision arrangements to ensure that the staff team and management were supported in their roles.

The provider had an effective and accessible complaints procedure and the inspectors found that it had been used by some of the residents with support from staff. Where residents had made a complaint, inspectors found that the complaints were managed in accordance with the procedure and to the satisfaction of the residents.

The provider and person in charge demonstrated that they had effective governance systems and resources in place to deliver a good standard of care and support to residents living in the designated centre. Overall, this inspection found compliance with the regulations inspected with improvements required in respect of the oversight arrangements and fire containment measures in the isolation unit, some premises issues and documentation for changes in information supplied for the registration of the centre.

## Regulation 14: Persons in charge

The person in charge was recently appointed and demonstrated demonstrated sufficient experience and skills relevant to the statement of purpose and the needs of residents.

The person in charge has responsibility for the management of two designated centres. The provider had ensured sufficient oversight and governance arrangements to support this, for example with the appointment of a deputy manager to assist the person in charge in their duties.

Judgment: Compliant

## Regulation 15: Staffing

There was an adequate number of staff on duty each day and night to meet the needs of residents. The staffing resources in the designated centre were well managed and the person in charge maintained a planned and actual roster.

Since the closure of day services in 2020, the provider and person in charge had amended the roster and staffing hours to ensure residents had activities and occupation from within the designated centre. Some additional staffing hours had continued to ensure residents had supports available to direct their weekly activities.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supported with informal and formal supervision from management. Regular staff team meetings were taking place. Staff received training relevant to the assessed needs of residents to support the effective delivery of care and services in line with best practice.

Judgment: Compliant

## Regulation 3: Statement of purpose



The centre operated in line with its Statement of Purpose which included all of the required information as per Schedule 1 of the regulations. The Statement of Purpose was up to date and available to the residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had an effective procedure for the reporting and management of complaints, along with easy-to-read versions to assist residents' understanding. Residents were provided with information on complaints and supported by staff in the centre to utilise the complaints procedure. Information on the complaint process along with advocacy services and the independent recipient were on display in the communal areas of the designated centre. The person in charge demonstrated that recent complaints were managed appropriately and to the satisfaction of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a clear management structure in place, to ensure clear information and escalation regarding the designated centre from the staff team to the provider. There were management systems in place for the oversight of the care and support, and the supervision of the staff team and person in charge. For example, routine audits and reviews on key areas, regular meetings with the person in charge and senior management and pathways for escalating risk and concern.

The provider had ensured an annual review was completed on the designated centre in 2020 which reviewed the care and support delivered, and identified any areas for improvement. The provider had also carried out unannounced visits to the centre on a six month basis to review the quality of care and support.

While there was a good governance and management structure and systems in place, the oversight of the isolation unit required further improvement. The provider had not clarified who was fully responsible for the care and support within the isolation unit, as this centre was managed by the person in charge of whichever residential home the resident transferred from and not the person in charge of the designated centre to which it was registered. For this reason, there was the potential for gaps in the oversight arrangements of the isolation unit, and clear identification of who was accountable for the quality of the service delivered.

Judgment: Substantially compliant

### Registration Regulation 7: Changes to information supplied for registration purposes

While the provider had notified the Chief Inspector of a change to the role of person in charge, some information remained outstanding. For example, documentary evidence of qualifications.

Judgment: Substantially compliant

### Quality and safety

The inspectors found that residents were receiving a good standard of care and support. On review of residents' individualised assessments and personal plans they were found to be comprehensive in nature, complete and up to date. Residents were involved in the development of their personal goals and inspectors observed residents goals in accessible format displayed in their bedroom.

Residents engaged in activities meaningful to them such as part-time employment and community based classes including yoga and pottery. To build on their independence, some residents had engaged in travel training. On the day of inspection, one resident was on holidays and another two residents were going on holiday the following day. Residents were supported in maintaining personal relationships with loved ones and friends. There were few restrictive practices in the centre and any restrictions in place were implemented in consultation with residents and found to be the least restrictive possible. Restrictions were referred to the service human rights committee and were reviewed on an ongoing basis.

The permanent home to three residents was found to be generally, clean, tidy, and well maintained. Each resident had their own bedroom which was decorated to their tastes. There was a large back garden with outdoor furniture and equipment. The residents grew plants and flowers and hosted barbecues during the summer months. The house had sufficient storage facilities. The downstairs bathroom required minor attention to ensure it was suitable to the needs of all residents. Residents were active participants in their homes and communities however some aspects of the home were not fully accessible to all residents. This resulted in some residents not being able to use their kitchen fully to prepare their own meals, which they liked to do. Solutions to this were being explored by the person in charge and residents.

Due to the infrequent use of the isolation unit, there were some premises issues identified in need of improvement. The building was functional and could deliver the service and facilities as outlined in the written statement of purpose, with some

enhancements required to improve their appearance. For example, there was a build up wet leaves and an uneven surface at the rear exit route of the isolation unit which could present as a slip risk for staff and residents. Some of the soft furnishings also required attention to ensure they were in good state of repair.

Staff working in the centre had completed training on infection prevention and control and were observed to be implementing standard precautions. The centre was clean and contained adequate hand washing facilities. The centre also had sufficient access to personal protective equipment. The risk of COVID-19 transmission in the centre was risk assessed with robust controls in place. Residents were provided with accessible information on the COVID-19 pandemic and the vaccination programme. The centre had a COVID-19 contingency plan in place which was updated as required.

The service had procedures and practices in place to support the protection and safeguarding of residents from abuse. All staff received training on the protection and safeguarding of residents. There was a designated person responsible for screening safeguarding concerns. Safeguarding concerns were managed appropriately in line with the services policy on safeguarding. Residents had received education and information on safeguarding and advocacy service.

The person in charge demonstrated that risks related to the centre and residents were identified, assessed and well managed, in line with the provider's policy. Measures were identified and implemented to control the risks as much as possible. Incidents were recorded and reviewed by management to identify learning. Recent incidents involving medication errors were reviewed and this resulted in shared learning for the staff team and an updating of risk controls. The centre had clear systems and procedures for responding to emergency situations.

Regular fire drills were taking place in the home which reflected the actual staff and resident numbers. Personal evacuation plans were prepared outlining the supports required by residents in the event of a fire. Inspectors spoke to some residents who was aware of the fire evacuation procedures. There was adequate fire prevention, detection and fighting equipment in the home. However, the absence of fire doors in the isolation presented as a risk in containing a potential fire.

Overall, this inspection found that residents were happy living in the designated centre, were afforded safe and good quality care and support and had lives of their choosing. While some premises and fire containment issues were in need of improvement, overall residents were afforded a pleasant and safe place to live and their needs were being met.

## Regulation 13: General welfare and development

During restrictions residents were supported to find alternative activities and occupation, for example through video links and different forums. Residents were supported to be active in their community and to partake in activities of their choice.

Each resident had a weekly plan of their chosen activities and there was a staff member employed in the designated centre two days of the week to further support residents' activities. Some residents told the inspector about their paid employment which they enjoyed. Residents were supported to use local amenities such as hairdressers, health spas, hotels and restaurants and had been supported to understand how to keep themselves safe when out of their home. Residents were encouraged and supported to maintain personal relationships with their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The unit of the designated centre that provided full-time residential care was found to be warm, clean, well maintained, and decorated appropriately. Residents had individual bedrooms which were personalised to their tastes and provided sufficient space and storage.

There was a large rear garden providing an inviting space for residents to use. Aspects of the home required further attention to ensure full accessibility for all residents. For example, some hand rails were required, and not all residents could use the kitchen facilities with ease. A toilet seat in the downstairs bathroom required attention, as this had been removed to support the use of mobility aids but was not suitable for all residents.

As this building was not used often and served as an emergency isolation unit it was not frequently used. However, some soft furnishings, storage and the general upkeep of the premises and grounds required attention.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a written risk management policy which guided the practices in the designated centre. The centre maintained a register of the risk presenting in the centre and their controls. The register was regularly reviewed and outlined the control measures to manage the risk. Staff spoken with had a rich understanding of the potential risks and how they were being managed in the centre.

There were systems in place for responding to emergencies and for the identification, recording, investigation and learning from incidents. Learning from incidents was shared at staff team meetings to reduce the likelihood of incident happening again.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre demonstrated appropriate systems and procedures to provide protection against infection including staff training, cleaning procedures, appropriate facilities, and documented plans.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety systems in place, guided by written policies to manage the risk of fire in their service, for example, written evacuation plans, routine training for staff, emergency planning and fire fighting and detection systems. Residents had up to date personal evacuation plans which were reflective of the supports required in event of an evacuation. Fire drills were taking place on a regular basis including scenarios reflecting the least amount of staff and maximum amount of residents. There was adequate fire safety systems in the residential unit, however the isolation unit did not have adequate fire containment measures.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were comprehensively assessed, and identified needs, risks or wishes had a corresponding plan. Personal and health plans were regularly reviewed and updated as required and had input from health and social care professionals, where required. The plans reflected resident involvement and some contained accessible information. Residents were supported to work towards and achieve their personal goals.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to health and social care professionals through referral to the primary care team, or to professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The centre had an operational policy on the use of restrictive practices. Staff had received training regarding restrictive practices and the centre had very few restrictions in use. Where restrictions were in place, they were deemed to be the least restrictive possible. Restrictive practices were implemented in consultation with residents, reported to the services Human Rights Committee for oversight, and were recorded on a register which was regularly reviewed.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that the centre had effective systems in place to safeguard and protect residents from abuse. Residents were supported with assessments and education and information on safeguarding. Potential safeguarding concerns were managed appropriately and in line with national policy and the person in charge was aware of their responsibilities.

Staff had completed training on the safeguarding and protection of residents.

Where required, residents had appropriate care plans to guide their support requirements for intimate care.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 23: Governance and management	Substantially compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially 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	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

# Compliance Plan for Sunny Gardens OSV-0005299

Inspection ID: MON-0026298

Date of inspection: 04/10/2021 and 05/10/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A notification is sent to the PIC by the location of the client who require to use the isolation centre. There is a record of attendance in place at the centre, there are records of all stocks of PPE, once a minimum level is observed this is notified to PIC.</p> <p>There is a feedback form in place for each resident and supporting staff to complete and return to PIC following their stay. The PIC can then ensure that the resident had a good experience during their stay or if required to follow up with any concerns or suggestions made.</p> <p>There is a checklist and instructions sent out to each PIC that will be using the isolation centre. As it is an emergency situation it is felt the management during occupancy is better managed by the PIC of client using the facility. The physical building is managed by the PIC as part of the designated centre.</p>	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>Additional documentary evidence in relation to the PIC qualifications has been sent to Registration and HIQA Inspector on 14/12/2021.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Hand rails were fitted on 22nd November 2021.</p> <p>The provider has sought alternative options for the toilet seat in the downstairs bathroom, however there was no permanent option that would allow all residents to use the bathroom facilities, therefore a regular toilet seat will be fitted, should this break from the use of a resident's mobility aid this will be replaced immediately.</p> <p>A replacement sofa has been sought for the isolation centre and the old one will be removed once this is delivered.</p> <p>Sets of chest of drawers and lockers have been ordered for the bedrooms in the isolation centre to provide additional storage.</p> <p>The Isolation centre has a routine maintenance and painting scheduled in February 2022.</p> <p>An external garden contractor is in place on a monthly basis for the upkeep of grounds. Should there be any daily requirements to clear leaves, staff will highlight this to the maintenance department who will assist in the removal of the leaves.</p> <p>A Domestic staff is now in place who is scheduled to clean the isolation centre weekly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The isolation Centre was a temporary accommodation in place to support residents who are unable to self-isolate in their homes.</p> <p>The Provider plans to close the isolation unit as the need for it has decreased. The Provider will submit an application to vary condition 1 on the registration to remove it from the footprint. Each centre will update their isolation plans to reflect this change.</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
Registration Regulation 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	14/12/2021
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	31/01/2022
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required,	Substantially Compliant	Yellow	31/12/2021

	with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.			
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2022