

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adults Services Designated Centre 20
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	20 June 2022
Centre ID:	OSV-0005857
Fieldwork ID:	MON-0028436

About the designated centre

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

Designated centre 20 is a full time residential service that provides care and support to up to six male residents over the age of 18 years with intellectual disabilities, and can accommodate residents with complex support needs. It is a large bungalow located on a campus setting in Dublin. The bungalow offers six individual bedrooms for residents, a separate kitchen, a dining room, sun-room, relaxation room, living room, main shower room, bathroom, two shower cubicles and an accessible back garden area. The centre is staffed by a team of nurses (two whole time equivalent staff) and care assistants (six whole time equivalent staff) and is managed by a full-time person in charge. Residents have nursing support provided from within the home, and access to a team of allied health professionals employed by Stewarts Care, such as psychology, occupational therapy and physiotherapy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 20 June 2022	10:00hrs to 17:45hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

From what was observed on inspection, and through feedback in resident questionnaires, it was seen that residents were provided with a safe and homely environment and were content and relaxed in the designated centre and in the company of staff and each other.

There were five residents at home during the inspection, and one resident was out visiting family members. Residents communicated in alternative ways and did not talk to the inspector directly about their experience of living in the designated centre. Therefore the inspector observed care and support being delivered during the day, reviewed questionnaires and documentation and spoke with staff members who worked directly with residents.

Residents had been supported to complete written questionnaires, by staff members who knew them well. Questionnaires asked residents to answer if they were happy, unhappy or neutral about aspects of their designated centre such as how comfortable it was, their rights, their activities and the staffing support they received.

Questionnaires received indicated that overall residents were happy with how comfortable and warm their centre was and their access to shared areas and outdoor areas. A number of residents' questionnaires indicated that residents were neutral (neither happy, nor unhappy) with the amount of time they spent outside of their home or taking part in the wider community. Residents were happy with the support they got from the staff team.

Residents were seen to be relaxed and at ease in their home and in the company of staff during the day of inspection. Staff had a good understanding of residents' needs, likes and dislikes and had support from other allied health professionals (if required) to guide their individual supports. For example, some residents had particular morning routines that were important to them. Staff were seen to encourage residents with their morning routine, but were also respectful in giving residents the space and time they needed to carry out tasks at their own pace. Residents' personal plans and behaviour support plans had been updated and these guided the individual supports for residents with their morning routine.

From speaking with staff, the inspector was aware that efforts were being made to make supports and the designated centre more person-centred, for example, residents' bedrooms were decorated in a way that respected their culture and interest such as art work and photographs of coastal cliffs and lighthouses for residents who were from the West coast of Ireland. Some residents liked the sea and being by the water, the inspector saw this resident's chair placed beside a new aquarium (fish tank) that had been put into the living room area as part of their personal planning goals.

Similarly, activity plans for the day and week were based on residents' individual interests and opportunities for social activities were planned for times which suited residents best, for example, planning outings in the afternoon time if residents desired a slower pace of morning routine.

There was a large sun-room/dining room at the back of the home which opened into a paved garden area with outdoor seating and shade. Tables in this dining area had been set up based on residents' needs, for example, single table settings for residents who preferred to dine alone. Doors out to the back garden area, and out of the centre were open during the day, and previously doors that had been key-locked now had thumb-turn exits to make it less restricting. All parts of the designated centre were open and accessible for residents, and larger furniture had been removed from corridor areas to make it easier for residents with visual impairments to move around the centre independently.

The living room was pleasantly decorated with new curtains, blinds and soft furnishings, there was adequate seating for the number of residents and a large television with access to television and radio channels and Internet streaming services.

Residents had a separate room in the designated centre for watching movies, having sensory activities or spending time alone. During the day-time some residents were relaxing in this room watching a movie on a wall projector. The person in charge and staff team had plans to source additional equipment for this space to improve it further. Throughout the day staff were supporting resident to go out for walks, or to go to local coffee shops for a coffee. This was seen to be in line with the weekly plan for residents, which set out their preferred activities during the week.

Each resident had their own private bedroom and these were seen to be uniquely decorated based on residents' taste, interest and choice. No two bedrooms looked the same, as each one had a different colour, wallpaper, furniture and decoration. Residents had televisions in their bedrooms with access to multiple television channels. During the day of inspection, painting works were being carried out in some bedrooms to upgrade them. Due to some bedrooms being smaller in size than others, the provider had plans to make two bedrooms into larger rooms by knocking through into spare rooms.

There was a small separate kitchen in the designated centre. At dinner time, meals were prepared by members of the staff team. Main meals were prepared first centrally in a kitchen on the campus, and heated and served from the kitchen of the designated centre. The inspector observed staff preparing meals at dinner time and found that staff had a good understanding of each residents' needs in relation to their food and required consistencies of food. Information was available in the kitchen to support staff in preparing meals safely, with procedures in place for temperature checking food and food hygiene. Meals were prepared in a manner that suited individual residents' needs and were well presented, for example, different food on the plate were modified individually and food could be identified by colour separation.

The inspector spoke with members of the staff team and discussed residents' personal goals, their preferred activities and how the staff support residents to try new opportunities. Some residents were working on accessing the library and had their larger goal divided into smaller steps. Residents now had their own personal finance cards to improve timely access to their own money and residents were working on developing their skills to use these cards more independently. Residents were encouraged to keep in contact with their family and friends.

In one bedroom, the inspector saw a shower trolley stored in a resident's room. On discussing this with the person in charge, there were plans for the doorway to be widened into this bedroom and a new bed purchased to support safer evacuation should it be required at night-time. In the interim, staff had a movable shower trolley bed to support quick evacuation in the event of an emergency.

In summary, it was seen that residents were provided with a homely and safe place to live and were supported by a familiar staff team who knew them well. Residents appeared relaxed in their home, their needs were assessed and planned for and residents were working on personal goals in line with their own interests. Some improvements were required to fire safety procedures and minor improvements to the premises and facilities.

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.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations. The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, and there were adequate premises, facilities and supplies.

The provider had applied to renew the registration of the designated centre, for six adult residents. The provider had submitted all required documentation to support their renewal application. Previously, this centre accommodated seven residents, and the provider had committed to reducing the number of people living in one home to no more than six people. This was resulting in a quieter environment for

residents, and increased staff support, as staffing levels had remained the same following the reduction in the number of people living in the centre. Similarly, as the number of residents had reduced, the provider had plans to increase the size of some residents' bedrooms by utilising vacant spaces in the building.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. The staff team were managed and supervised by a full-time person in charge. The person in charge was based in the designated centre daily, and worked five days of the week. The person in charge reported formally and informally to a senior manager and there were structures in place for all persons in charge of the provider's centres to meet regularly and share learning. The staff team met together with the person in charge on a monthly basis, and had one-to-one supervisions regularly throughout the year. Some staff roles in the designated centre had clear responsibilities, for example, there was an identified lead staff for infection prevention and control, and staff nurses were responsible for ensuring residents' health care needs were appropriately assessed and planned for, and that documentation was kept up-to-date.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. The provider had ensured the designated centre had a comprehensive audit in relation to infection prevention and control. There was an oversight system in place to highlight all actions raised from different audits and reviews to ensure accountability for people responsible for bringing about changes.

Since the previous inspection, the provider and person in charge had taken action to address areas in need of improvement, for example, by training all staff in how to administer rescue medicine for epilepsy and by making improvements to the premises. This inspection found that overall the provider was compliant with the majority of regulations inspected, with improvements required in regulation 28: fire safety and some minor improvements required in regulation 17: safe premises.

Residents were supported by a stable and consistent staff team of staff nurses and care staff who worked in the designated centre. Staff were provided with routine and refresher training to ensure they had the skills and competencies required to meet the needs of residents. Since the previous inspection, care staff had received training in administering certain emergency medicine. This resulted in all staff having the ability to support residents with their emergency medicine should a seizure occur and this increased residents' opportunities to attend activities outside of their centre. The person in charge had arranged for allied health professionals employed by the provider to carry out training workshops with the staff team in areas such as feeding and eating supports and positive behaviour support. This had increased the team's competencies in these areas.

Overall, the provider had made improvements since the previous inspection and had structures and systems in place to ensure the centre was being operated in a manner that would meet residents' needs, was safe and promoted good quality of

care and support.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre within the time frame outlined in the Health Act 2007 (as amended). The provider had submitted all required information to support their application to the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who was based in the designated centre and who was suitably skilled, experienced and qualified. The role of person in charge was full-time, and they were based in the designated centre each day of the week.

The person in charge held responsibility for one designated centre, and was supported in their role by the nursing team.

Judgment: Compliant

Regulation 15: Staffing

The provider had put in place a stable and consistent staff team of staff nurses and care staff. At the time of the inspection there were some long-term unplanned leave which created a vacant role and this was being covered by permanent staff taking on additional shifts to reduce the requirement for temporary or unfamiliar staff.

A recent full-time vacancy for care staff had been recruited for, and new staff completed an induction with the person in charge into the operation of the centre, and the individual and collective needs of residents. While at times prior to this appointment, there were some instances of days when the less than optimal staffing was in place, this had been addressed through the recent recruitment.

There were two full-time nurses employed to work in the designated centre, and nursing care support was available in the designated centre each day of the week, with access to night-nursing support if required during the night-time.

There were systems in place to allocate duties and work tasks to different staff

members and staff roles, hand-over communication procedures in place along with on-call arrangements for out-of-hours.

There were planned and actual rosters maintained to demonstrate who was on duty during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team had input from relevant allied health professionals to deliver in-house training in key areas of competency based on residents' needs. For example, the speech and language therapist had done training with the team regarding eating and swallowing needs in the centre and the behaviour support specialist had done work with team regarding positive behaviour support.

The provider had identified mandatory training requirements for all staff, as outlined in their policies and procedures and clear guidance on time lines for refresher training. There were additional specific training that was required for staff working in this designated centre, which the person in charge had oversight of. The person in charge had plans to identify the core training requirements for this specific location, and amend training records matrix to reflect this so as to enhance the oversight of training needs.

Training provided to staff was seen to be kept up-to-date and any training that was due a refresher had this scheduled and booked for staff team members.

There was a system in place to ensure staff members had one-to-one formal supervision four times a year, and the person in charge held regularly team meetings with the wider team.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement. The provider had carried out an annual review in line with the National Standards on a yearly basis, and unannounced visits and reports on a six month basis.

There were oversight systems in place to monitor actions from audits and reviews and communication pathways for the person in charge to raise issues with senior

and executive management team.

The provider had created a new committee in their organisation on digital assisted technology which was being led by members of the allied health professionals team.

The provider had taken measures to address actions raised from the previous inspection, for example, training staff in the administration of emergency medicine for epilepsy. The provider had reduced the number of people living in the designated centre, to improve on the lived experience of residents and had plans to use vacant space for the benefit of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were operating the designated centre in a manner that offered a safe and pleasant place to live and a good quality of life for residents.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge and nursing team of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support.

Residents were being supported to explore new opportunities for meaningful activities and to develop skills that support them to try new things outside of the designated centre, for example, to slowly build up to spending time in different locations such as the library or the oratory.

Residents had private bedrooms that were uniquely decorated, and communal areas were well kept, accessible and nicely decorated. There were systems in place to repair or upgrade facilities or equipment. Staff considered residents' needs and

wishes when making decisions about the environment, for example, installing a fish tank or making walkways more de-cluttered to assist residents. The person in charge had plans to improve the bathroom so that residents could better enjoy a multi-sensory bathing activity.

Residents were protected against risk in the designated centre, through fire safety systems, infection control practices and safeguarding processes. The provider had plans to enhance the fire alarm system in the designated centre along with improving the exit routes. While residents' needs had been considered in relation to evacuation plans, adequate equipment had not yet been put in place for all residents.

Overall, residents were supported by a staff team that understood their needs in a homely environment, with some improvements required in relation to fire safety and the general premises.

Regulation 10: Communication

The staff team were aware how each resident communicated their needs and wishes and this was documented in communication profiles and passports. Residents had guidance in their written plans to ensure staff understood how they demonstrated pain, or discomfort.

Residents had access to a speech and language therapist, if required for additional support. Some residents had trialled different alternative communication aids, such as objects of reference or photograph exchange. There was inclusion of communication needs and supports in behaviour support plans to assist residents to enhance skills in their communication.

Residents had access to television services, radio channels, Internet and streaming services. There was a telephone available for residents to use.

Judgment: Compliant

Regulation 13: General welfare and development

Staff understood how residents liked to spend their day, and the activities that they enjoyed.

Residents were supported to identify meaningful goals with the staff team and these were monitored by the person in charge. Residents' daily activities were planned out in advance and were aligned to goals that had been set with residents.

Residents were supported by the staff team to have a structure to their week,

inclusive of their chosen activities and were encouraged to try new opportunities and develop skills that would increase their abilities to engage in activities of more variety.

Residents had access to pre-paid finance cards which gave them more control over developing skills to shop and pay for items themselves when using community amenities.

Judgment: Compliant

Regulation 17: Premises

In general, the premises was well-kept and well maintained. the centre had been recently painted and decorated and was offering residents a homely place to live. Some painting works were being carried out at the time of the inspection and the provider had plans to increase the size of some residents' bedrooms.

The centre was a single storey bungalow with an accessible garden area and outdoor seating and covering. There were adequate communal space in the designated centre and a separate kitchen area. The team had recently purchased a new kettle (cold touch kettle) to protect residents from burn, but also to prevent requirement for higher restrictions of area.

The person in charge and staff team had removed chunky furniture items in hallways to promote better ease of access for people with visual impairment and there were protective surrounds on doorways to prevent injury.

One bathroom area in the designated centre had been renovated and now provided two separate shower areas for residents to use. However the main bathroom was in need of upgrading, and there were plans for this to be addressed.

The provider had a separate laundry room in the designated centre, which had been recently painted. The ventilation in the laundry room required review to ensure no mould would reoccur due to poor ventilation in area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered meals that were properly and safely prepared, nutritious and offered them choice, with a combination of meals provided by a central catering department and some lighter meals prepared in their own homes. Residents had access to snacks, drinks and meals at times that suited them, had choice around

what time they ate their meals.

There were adequate provisions for the storage of food.

Residents had staff to support, supervise or assist them at meal-times, if this was required. Staff were aware of the likes, dislikes and requirements of residents in relation to their diets and mealtimes and the dining room was laid out to promote a positive meal-time experience.

Judgment: Compliant

Regulation 27: Protection against infection

The staff team had access to clinical nurse specialist in infection prevention and control. The provider had arranged for a comprehensive audit to be completed in December 2021 and a follow up on actions in June 2022. The provider's own audit identified a high level of compliance with good infection prevention and control practice and of 14 actions identified, 10 were fully completed and four were in progress.

The provider had identified a lead staff member in the designated centre who had completed additional training in infection prevention and control. The lead staff demonstrated good knowledge of good practice in relation to infection prevention and control, standard precautions and when transmission-based precautions may be required.

There were guiding policy on infection prevention and control to guide staff and a new policy on the management of waste, along with guidance for the management of laundry and use of chemicals.

Staff and residents had access to personal protective equipment (PPE) along with guidance on how to use this correctly.

There were written protocols and risk assessments in place for the management of COVID-19 and these were discussed at regular team meetings. Risk assessments were in place for known infection prevention control risks in the designated centre along with control measures to manage them.

All staff had received trained in hand hygiene and COVID-19 procedures.

The premises were clean and tidy, with regimes in place for routine and enhanced cleaning and items were stored appropriately to promote ease of cleaning.

Most laundry was managed by a central laundry on the campus, with some laundry done in the designated centre. There were clear procedures for laundering cleaning items such as mop heads. .

Judgment: Compliant

Regulation 28: Fire precautions

While there was a detection and alarm system in place in the designated centre, the fire panel was located outside the building and did not alert staff to identify the exact location of fire, should it occur.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

A copy of this plan was submitted to the Chief Inspector prior to the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.

Residents needs were considered and reviewed in relation to evacuation plans for day or night-time. The provider had identified a need to widen a bedroom door and final exit door to support a resident with a bed evacuation should an emergency occur at night-time. This work was planned at the time of inspection. As an interim solution, a shower trolley was available for evacuation should this be required, however, this was not an adequate aid.

The provider's audits had identified the requirement to replace some fire doors in the designated centre, and this was planned for the day following inspection.

While there were good behaviour support plans in place to assist residents to understand the need to evacuation and develop skills in this area, the personal evacuation plans required improvement to ensure there was clear guidance for staff on what to do if a resident refused to leave the centre in the event of an emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

From review of paper and online records with members of the staff team, it was seen that there was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed regularly by members of the team and the person in charge. Residents had posters in their room demonstrating some of the goals that they had previously been

working on as part of their social and personal goal setting.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by the nursing staff in the designated centre along with the person in charge and information maintained in specific health care plans.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, psychology services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required.

Residents were supported to access national screening programmes, based on their age and gender.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to a clinical nurse specialist in behaviour support, and had written plans detailing their support requirements in relation to their behaviour. Residents had access to a wider allied health professional team such as psychology services, psychiatry services and occupational therapy.

Behaviour support plans were seen to be focused on supporting residents to manage their own behaviour and develop skills and capabilities.

The person in charge and staff team were promoting a restraint-free environment and there had been a review and reduction of environmental restrictions in the designated centre. For example, locked doors to the garden and exit doors were now open or had thumb-turn mechanisms.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective

responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a three year basis. The safeguarding manager in the organisation had completed workshops with the staff team specific to this designated centre also.

The provider had carried out an audit on safeguarding, including incident review in the designated centre, and any actions identified for improvement had been carried out and implemented by the person in charge and staff team.

Concerns or allegations of a safeguarding nature were recorded and reported in line with national policy, and if required residents were supported with safeguarding plans.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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 Stewarts Care Adults Services Designated Centre 20 OSV-0005857

Inspection ID: MON-0028436

Date of inspection: 20/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Home improvement team are assigned with completion of bathroom upgrade, this will be completed before 31/12/2022. Full review of ventilation system within the bungalow, (including laundry room and bathroom) has been assigned to Tech Services department. Following review ventilation system will be installed at time of bathroom upgrade. Exact date yet to be confirmed but will be completed before 31/12/22.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: On 24/6/22 an assessment of fire evacuation methods in Designated Centre was carried out with Fire Officer, PIC and Programme Manager for resident who previously used shower trolley. From assessment it was deemed that best evacuation method was Evacuation Ski Pad, this method negated the need for doors to be widened. All staff in Designated Centre 20 have since completed Ski Pad Training. Fire drills have taken place without issue. The use of shower trolleys in evacuations has been discontinued in the Centre. Risk Assessments and PEEPs have been reviewed and updated to provide clear guidance to staff in the event of an emergency. Fire door replacement is due for completion by 19/8/2022.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/08/2022
Regulation 28(3)(d)	The registered provider shall	Not Compliant	Orange	28/06/2022

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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