



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

Issued by the Chief Inspector

Name of designated centre:	Beechhaven
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	06 August 2019
Centre ID:	OSV-0002121
Fieldwork ID:	MON-0022450

About the designated centre

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

This designated centre comprises of one large purpose built, detached bungalow. It has eight bedrooms for residents, five of which are en-suite, a large and small living room, large kitchen and dining room as well as well appointed bathrooms and a well maintained outdoor space. It is located in the suburbs of a large town in Co. Wexford. Residents can access day services if they wish either on site or in other locations, and residents are also facilitated to stay in the centre if they prefer. Locally residents can access a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. This centre is open on a year round seven day a week and 24 hour a day basis. Residents are supported at all times by a staff team, comprising of nurses, social care workers and healthcare assistants.

The statement of purpose for the centre set out that the provider aims to “support and value residents, within a caring environment, in a manner which promotes the health, wellbeing and holistic needs of residents. The aim is to empower residents with the necessary skills to live full and satisfying lives as equal citizens in the local community, in conjunction with their individual person centred plan”.

This centre is home to eight residents with varying degrees of intellectual disability and specific high support needs due to changing health and the process of aging.

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 - 2015 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
06 August 2019	09:30hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with all eight residents who live in this centre over the course of the day of inspection. This centre provides support predominately to residents who are aging, and as such, a number of residents choose to remain in the centre during the day. Others access formalised day services at their own request for either part of a day or a full day. One resident who had been on work placement as part of the New Directions day programme was able to explain to the inspector what they had done in the office where they were based over the day.

For the residents who remained in the centre throughout the day, staff had choices of activities to offer and were seen to engage in a patient and caring manner. One resident had a family member call to visit and they told the inspector that they visited at least once a week and were always made to feel welcome. They were observed supporting their family member to have something to eat and staff were discreet in offering support if required.

For another resident with changing health needs the staff explained to the inspector how they were making changes to that residents private environment to support them and were heard to simplify language and to patiently use key words to aid understanding of everyday tasks. This resident was seen to be supported by staff over the course of the day to engage in a reminiscence activity which they enjoyed and to look at television with staff supporting with simple commentary.

A number of residents wished to show the inspector their bedrooms and one resident introduced the inspector to Millie, their dog who was a loved and popular member of this centre. Another resident had a much loved table lamp on their bedside locker which they reported had come from a relative, they had family photographs displayed on the walls and indicated the relative in question. Another resident explained to the inspector how they were about to purchase new storage for their room and brought the inspector to the living room to indicate the homeware catalogue they were browsing with staff support.

Residents were seen to gather in the kitchen or the sitting room as they returned following their day to catch up on news and to so speak about their days. In the kitchen where dinner was being prepared some residents explained to the inspector that they sometimes preferred to have a lighter meal in the evening and this was supported.

As this was an announced inspection HIQA had prior to inspection issued to the provider, questionnaires for residents to complete. These questionnaires ask various questions relating to their views on the service they received in this designated centre. These had been completed by four of the eight residents and where required completion of these was supported by staff who knew them well. The inspector reviewed these and noted that they contained positive views regarding all aspects queried, such as bedrooms, visitors, staff support, complaints, and rights. One

resident commented that they liked being able to do their own laundry and they received lots of visitors. The questionnaires also highlighted activities that the residents had engaged in and enjoyed, such as, singing in a choir, playing golf, guitar lessons and going to visit family and friends.

Capacity and capability

The registered provider had ensured that the residents who lived in this centre were well supported. This was reflected in overall good levels of compliance across the regulations reviewed. Following inspections in other designated centres run by this provider earlier in the year, areas identified for improvement were seen to have been implemented in this centre in advance of this inspection.

The governance and management arrangements in the centre had ensured, that the service was effectively governed, with good oversight systems in place. There was a clearly defined management structure with a team leader supporting the person in charge with the day to day management of the centre. The provider had ensured that the service was adequately resourced to deliver the care and support as set out in the statement of purpose. There had been significant improvements in the area of policies and procedures with all policies as required by the regulations in place and reviewed within the last six months.

The provider had prepared a statement of purpose, which accurately reflected the service provided. For the most part, the statement of purpose contained the information required as per Schedule 1 of the regulations, although there were no admission criteria outlined. There was a directory of residents maintained that included the information specified in Schedule 3. The directory of residents had been held in the hallway of the designated centre however to ensure that residents personal details were not accessible by anyone entering the centre this was moved to the office on the day of inspection.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. The presence of a consistent staff team was important to the residents changing needs. Where relief staff are required these are identified from a consisted panel. The inspector reviewed the current and proposed roster and found them to be an accurate reflection of the staffing arrangements with effective workforce planning evident. A review of staff files found that the information required under Schedule 2 of the regulations, for example, a Garda vetting disclosure and a full employment history, had been obtained for all staff.

Staff had received training in all mandatory areas, for example, fire safety and safeguarding, as well as additional training specific to residents' support needs, such as epilepsy care, oxygen management and dementia training. At the time of inspection the team leader was implementing a formalised supervision process for staff, with the person in charge providing oversight. The team leader received formal supervision from the person in charge. A review of minutes of team meetings

and one to one meetings found that the presence of a team lead facilitated local supervision on a consistent basis, and it was observed that staff could highlight issues or concerns through these mechanisms.

The registered provider had carried out an annual review of the quality and safety of the service, which consulted with residents and their representatives. The person in charge oversaw a suite of internal audits, such as health and safety audits and review of medication errors. In addition the provider had carried out six monthly unannounced visits, and prepared a written report on the quality and safety of the care and support provided to residents. These reviews generated an action plan which was monitored to ensure implementation.

The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Residents were supported to make complaints if required and the provider had a clear policy in place which provided guidance for staff on the process to follow if a complaint was submitted. A complaints log was present within the centre with a record maintained of any complaints, comments or compliments. There was documented evidence that all complaints were dealt with in a timely effective manner.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted to the Office of the Chief Inspector within the required time frame, however additional information is required to complete this application such as a new personal information form for the person in charge.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in their role. While the person in charge had responsibility for more than one designated centre, they demonstrated effective governance and operational management of this service

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff, who were suitably qualified and experienced, to meet the assessed needs of residents. The provider had ensured good continuity of care for residents, and the planned and actual rosters were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received mandatory training, as well as supplemental training appropriate to residents' specific support needs. Formal supervision arrangements were in place at the time of inspection, and were effective in ensuring that staff were suitably supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. Annual reviews and six monthly provider-led

visits were occurring in the line with the requirements of the regulations. Clear lines of authority and accountability were also in place.

Judgment: Compliant

Regulation 3: Statement of purpose

For the most part, the statement of purpose contained the information set out in Schedule 1 of the regulations, although there were some additional information required with respect to admission criteria for the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display in the designated centre. Complaints was a recurring topic at regular resident meetings. A complaints log was maintained in the designated centre for the recording of any complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were in place as required under Schedule 5 of the regulations and they had all been reviewed and updated within a three year period,.

Judgment: Compliant

Quality and safety

Overall, residents were receiving a good quality service; the provider had ensured that residents' views were central to service delivery, and residents received individualised care. There were some improvements required in relation to risk management and aspects of fire safety.

The premises was a large purpose built bungalow and found to be clean, spacious, well designed, homely and currently meeting residents' specific care and support

needs. As residents in this centre were aging, the provider was aware that changes may be required to ensure suitability into the future. Each resident had their own bedroom which was decorated in line with their personal taste and wishes. Residents had plenty of storage for their personal items and to display their pictures. There was a private space available for residents to meet their visitors if they so wished as the provider had refurbished what was previously a bedroom into a smaller second living room. There were however areas in need of maintenance and repair such as painting in the new living room and of window sills externally.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multidisciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that progress in achieving personal goals was being well recorded and that many of the goals had been achieved. Residents who requested it, had responsibility for their own personal plans, for others they were available in an easy read format and it was noted for another resident their personal targets were recorded onto digital voice recorders to support their understanding and access to personal information.

It was seen that overall residents were being supported to enjoy the best possible health. Residents were facilitated to assess health and social care professionals as required and to undergo key healthcare assessments. There were systems in place for the monitoring of residents' healthcare needs and for residents who were more independent in managing for example diabetes they were included in the discussions around levels of monitoring they required. Some residents who had changing health needs the staff were seen to adapt and make changes as required to both the environment and levels of support and care required. Staff members spoken with demonstrated a good awareness of the supports provided to residents.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. Audits were completed regularly and there was evidence of review of these incidents including discussions relating to learning following incidents at staff meetings.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and while there were no current safeguarding concerns it was seen to be a rolling item on staff meeting minutes, to ensure review occurred. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register in the centre, which contained general and centre risks however these had not been reviewed in two

years by the person in charge. Individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

Suitable fire equipment was provided and regularly serviced. Residents' had personal evacuation plans in place and fire drills were completed regularly. However the inspector was concerned that there were issues with respect to safe evacuation of the centre. This related to two of the designated exit doors being very narrow and while staff were able to evacuate residents using a standard wheelchair they were unable to evacuate residents using other methods such as ski sheets. Another designated exit was in a residents bedroom and was occluded by furniture. In addition the inspector was concerned that there were not adequate fire containment measures in the centre. This was due to there being no fire door on the laundry / utility room which was located centrally in the building. There were a series of double doors in place to create fire containment zones within the centre which during fire drills had to be manually shut by staff although they did close automatically on activation of the alarm.

Regulation 12: Personal possessions

Residents were provided with appropriate facilities to store their personal belongings. Laundry facilities were also provided and accessible to residents. The person in charge had a comprehensive and updated record of residents personal belongings which was reviewed by residents and their representatives at annual review meetings.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents were supported to develop living skills, take part in household tasks, take walks, go shopping, use computerised technology, and to eat out.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is clean, comfortably furnished and well decorated. However, in parts of the centre, paintwork had become stained or chipped and required repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor individual risks in this centre. However, some improvements were required to ensure that general risks were reviewed to adequately identify the controls and additional controls in place to mitigate against organisational risks

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Improvements were required in the area of fire evacuation procedures and in systems to contain the spread of fire within the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings were attended by the resident or their representatives, support staff, and multidisciplinary supports if relevant. Residents' personal goals, both social, health and developmental, were agreed at these meetings and were further reviewed as required.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate assessments completed and were given appropriate support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident, in accordance with their wishes, participated in decisions about their care and support. Residents also had

the freedom to exercise choice and control in their daily lives.

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 - 2015 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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechhaven OSV-0002121

Inspection ID: MON-0022450

Date of inspection: 06/08/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: To ensure that this regulation is compliant the Person in Charge has completed the following: The Person in Charge has submitted the updated personal information form of the Person in Charge on the 16/8/19 This regulation has become compliant on the 16/8/19</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: To ensure that this regulation is compliant the Person in Charge has completed the following:</p> <ul style="list-style-type: none"> • The Person in Charge has updated the Statement of Purpose for this designated centre, including the admission criteria, • The Person in Charge submitted the updated version of the Statement of Purpose to HIQA on the 8/10/19 <p>This regulation has become compliant on the 8/10/19</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure that this regulation is compliant the Person in Charge has ensured the following has been completed:</p> <p>The paintwork in all areas identified by the inspector will be repaired when the renovations to comply with regulation 28 Fire precautions are completed, This regulation will be compliant on the 30/4/2020</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To ensure that this regulation is compliant the registered provider has ensured the following:</p> <ul style="list-style-type: none"> • There is a risk management policy in place, • There is a system in place that identifies, responds to and monitor individual risks in this designated centre <p>To ensure that this regulation is compliant the registered provider will ensure the following:</p> <ul style="list-style-type: none"> • A new risk register is being currently compiled that will continue to identifies, assesses, measures and controls individual risks in this designated centre and also organisational risks, • A new system in place will ensure red risks are reviewed monthly, Amber risks are reviewed every three months and green risks are reviewed every six months, • All open risks will have existing and additional controls in place to mitigate against organisational risks. • The person in charge will attend training on the 18th of October 2019 on the risk register, <p>This regulation will be compliant on the 30/8/2020</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure that this regulation is compliant the registered provider has completed the following:</p> <ul style="list-style-type: none"> • This organisation has sought advice from two external companies in relation to fire containment and evacuation, a fire expert and a review of the alarm system. • Fire evacuation sheets are on all bed of residents that require manual assistance in evacuating the designated centre, • All wheelchairs are stored in the snug area and all staff are aware of where they are located in event of a fire, • A fire report (in relation to fire drills) has been developed and there is a fire warden appointed during each shift and they communicate who is responsible for each person, • Each person has a PEEP's in place and is reviewed and updated on a regular basis • All firefighting equipment is serviced regularly, • Spare keys for this designated centre are stored outside in a box with a combination code so that the door can be opened in an emergency this information is included in the Fire containment Standard Operating Procedure. • A fire door with a self-closure mechanism has been installed in the laundry all staff are informed to keep this door closed at all times, this information is included in the fire containment standard operating procedure. • New furniture has been installed into the resident's bedroom which prevents the fire door occluded by furniture. 	

- The radiator in bedroom 8 has been moved, the bed now is located now beside the window to make it easier to evacuate this resident,
- Self-closing mechanism only close in event of a fire, during a fire drill a code is used to activate the alarm and the door are required to be closed manually, (the information on the report in relation to this matter will be included in feedback form as we believe it is a factual inaccuracy).

To ensure that this regulation is compliant the registered provider will ensure the following:

- This organisation has sought advice from two external companies in relation to fire containment and evacuation, a fire expert and a review of the alarm system,
 - Costing has being completed and approval for funding has been submitted to the HSE to complete the following
 - Widen both fire exit doors,
 - One hour fire door will be installed in the laundry room, this room will not be in use during the night and this information will be included in the fire containment plan,
 - Upgrade the current alarm system in place,
 - The PIC will liaise with the local fire department and request them to visit this designated centre so that they will be aware of how long it will take them to respond to a fire, the location of the water hydrants, and the content where the location of where each residents PEEPS are stored.
 - The PIC will research other methods on the market of how to evacuate safely and efficiently,
 - Door closures will be installed to contain fire in the high risk areas, kitchen and sitting room,
 - There will be an neighbourhood emergency response developed, where a list of neighbours will be asked to support the staff, in an event of a fire,
- The following information will be included in the updated fire containment Standard Operation,
- Names and numbers of the neighbourhood response team,
 - There are three fire containment zones in this designated centre, when the fire is identified, they should use the doors to contain the fire and call the fire brigade immediately and if residents refuse to evacuate, they will be brought to the fire zone that is least likely for the fire to spread to.
 - There will be a requirement for all staff to complete a checklist to ensure that the fire evacuation sheet on all beds are ready for use.

This regulation will be compliant on the 31/8/2020

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 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	16/08/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/08/2020

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/10/2019