



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

Issued by the Chief Inspector

Name of designated centre:	Oran Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	11 January 2022
Centre ID:	OSV-0005023
Fieldwork ID:	MON-0027234

About the designated centre

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

Oran Services provides a residential service to male and female adults over the age of 18. Residents of this service have a moderate to severe learning disability. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprised of two houses which were in close proximity to each other. The centre was located in a residential neighbourhood of a city where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Appropriate cooking and kitchen facilities are available in each house and reception rooms are warm and comfortably furnished. One house in the centre also has a sensory room for residents to relax and enjoy. A social care model is offered to residents in this centre and a combination of registered nurses and healthcare assistants make up the staff team. Some residents attend day services and some residents are offered an integrated model of care where both day and residential supports were provided in the designated centre. One staff member supports residents in each house during night-time hours and up to three staff members support residents in each house during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 11 January 2022	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. The staff member in charge confirmed that there were no staff or residents with signs or symptoms of COVID-19 in the centre. The Chief Inspector had been notified of two staff members who had tested positive for COVID-19. They were not attending for work and were not considered to have been close contacts with other staff members or residents in the centre.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the outskirts of a city. The inspector visited both houses and met with staff working in both. At the time of inspection, there were five residents living in the designated centre and there were three vacancies. The inspector met with the four residents who were sharing one house, but did not meet with the resident in the other house as they were attending day services in the community at the time.

The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. There was an atmosphere of friendliness in the house visited. Staff were observed to interact with residents in a caring and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

Residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning.

Residents were supported to engage in meaningful activities in the centre and in the local community. Each resident had their preferred daily activity schedule documented in picture format. Some residents had regularly attended day care services outside of their home prior to the pandemic and were currently being supported with an integrated day service from their home. Activities normally

included going for walks or drives in the centre's bus, going to the local shops, going for snacks and treats to the local coffee shops and getting takeaway meals. Other sensory activities that some residents enjoyed included massage, foot spa's, water and music therapy. Some residents choose to attend activities such as drama, art and music. Staff told the inspector that some residents had attended music concerts and national sporting events. The inspector saw photographs of residents enjoying a wide range of activities including day trips to sensory parks and to places of scenic and historic interest, the Zoo, a circus, pet farm and partaking in walking challenges. There were three vehicles available for use by residents living in the centre.

On the morning of inspection, residents were already up and about having had their breakfast. Two of the residents were supported to go out and partake in activities that they regularly enjoyed. One resident was supported to go for a walk in a scenic area of the nearby city and another went for their twice weekly visit to a local Jacuzzi. Both residents appeared very happy when they returned to the house. One of the residents then enjoyed having her hair styled and having a back massage. The inspector observed that the two residents who remained at the house took part in activities that they enjoyed in the sensory room.

During the afternoon, another resident went for their daily sensory bus trip. Staff supported this resident to go for regular drives to a variety of places on quieter roads in the local and surrounding countryside as the resident enjoyed the drives but did not like delays or waiting in heavy traffic. Other residents were supported with housekeeping tasks such as changing the bed linen on their bed.

Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. There were colourful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Residents were supported to eat out or get takeaways at weekends. Staff were knowledgeable regarding the nutritional needs and dietary requirements of residents including the recommendations of the dietitian and speech and language therapist (SALT).

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home. There were tablet hand held computers available to residents which they used for video calls with family members and also used to send and receive photographs.

This centre comprises of two houses. Both houses were single-storey, comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents use. Both houses were found to be well-maintained and visibly clean. Residents were accommodated in single bedrooms with an adequate number of bathroom facilities. Residents had easy access to well maintained garden areas.

Residents bedrooms were spacious, comfortably decorated, suitably furnished and

personalised. All bedrooms had televisions, adequate storage for personal belongings and were personalised with items of significance to each resident.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and continued to ensure that each resident enjoyed a good quality of life despite the current restrictions.

The next two sections of the report outline 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 residents lives'.

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with those outlined in the statement of purpose. The person in charge was on planned leave which had been notified to the Chief Inspector in line with the regulations. In the absence of the person in charge, the area manager was fulfilling the role and was responsible for the day-to-day management of the centre. They were supported in their role by a team leader in each house. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

On the day of inspection, there were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. Staff spoken with confirmed that the current staff team knew the residents well. The area manager advised that recruitment was in progress for the housekeeping post which was currently vacant.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an ongoing basis.

The training matrix reviewed identified that staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and generally up to date. There were a small number of policies that had not been updated in line with their review date. Policies had been signed by staff to acknowledge that they had read and understood them.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2020 and the area manager advised that the annual review for 2021 was in progress. Consultation with residents and their families, including an annual satisfaction survey as well as an overview of key areas of regulation, were used to inform the reviews. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed, for example, the external walls to one of the houses was due for repainting during 2022, the recruitment of housekeeping staff was in progress and consideration planning was in progress for alternative accommodation for a resident who would benefit from living in an independent supported environment.

Regular reviews of identified risks, health and safety, COVID-19 prevention and management, accidents and incidents, complaints and medicines management were completed. Records reviewed indicated a high level of compliance with audits.

The provider had developed a comprehensive contingency plan to guide staff on how to reduce the risk of COVID-19 entering the centre and managing an outbreak of the infection should it occur. Guidance and information was also provided to residents to ensure they were up to date regarding public health restrictions, hand hygiene and requirements for social distancing.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. The complaints procedure was displayed in an easy-to-read format. The complaints procedure was available in each residents file and had been discussed with them and their families. There were systems in place to record and investigate complaints. The area manager advised that there had been no complaints received during 2020 and 2021. Feedback from satisfaction questionnaires completed by family members indicated satisfaction with the service provided.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern. Recruitment was in progress for the housekeeping post which was currently vacant.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management and in various aspects of infection control.

Judgment: Compliant

Regulation 22: Insurance

A valid insurance certificate had been submitted with the application to renew registration.
Judgment: Compliant
Regulation 23: Governance and management
The governance and management arrangements in place ensured that that the service provided was safe, appropriate to meet the needs of residents and was effectively monitored.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications. To date all of the required notifications had been submitted as required.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The Chief Inspector had been notified of the proposed absence of the person in charge and of the arrangements in place to for the management of the centre in their absence.
Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format in each resident's file and had been discussed with them and their families. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received during 2020 and the person in charge advised that no complaints had been received during 2021.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a small number of policies that had not been updated in line with their review date.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where residents' rights and individuality were respected. Residents who the inspector met with appeared to enjoy living at the centre, appeared to be comfortable in their environment and with staff supporting them. Some improvements were required to the maintenance and upkeep of parts of the premises and to the emergency fire action plan documentation.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives. Residents' rights were kept under regular review and residents were supported to be as independent as possible by learning new skills. These had been identified with residents through individual assessments such as learning to complete various household tasks, assist with food preparation and use assistive technology devices.

The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to knock and request permission before entering bedrooms. Staff were observed to interact with residents in a caring and respectful manner.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be offered choice.

Residents were supported to identify and achieve personal goals and these were kept under review. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. There was photographs available to view in the personal plans which showed residents' achievement of goals; such as participating in virtual dualathlon events, purchasing and using a communication switch, attending day trips of choice, attending a sensory park, obtaining a passport, meeting with family and hosting a tea party. Some goals such as holidays in hotels and attending a spa had been deferred due to the current public health concerns.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments. Residents had access to general practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face-to-face consultations. A review of a sample of residents files indicated that residents had been regularly reviewed by the speech and language therapist (SALT), dietitian, occupational therapist, physiotherapist, psychologist, dentist and optician. Residents had also been supported to avail of national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

There were measures in place to ensure that residents' general welfare was being supported. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had three vehicles which could be used by residents to attend outings and activities. During the inspection, residents spent time going places that they enjoyed. For example, going out for drives in the vehicle, going for walks in the locality and attending therapeutic water activities.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. These included adherence to national public health guidance, staff training and daily monitoring of staff and residents for signs and symptoms of COVID-19. There were adequate supplies of personal protective

equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control. There were cleaning schedules in place and the inspector observed that both houses and equipment in use were visibly clean.

Both houses in the centre were comfortable, spacious, furnished and decorated in a homely style. While both houses were generally well maintained, some parts of the premises required repair and upkeep. The wooden flooring to the entrance hallway in one house required repair, some external walls required repainting, fascia and soffit and the paved rear yard area to the other house required cleaning. The person in charge advised that works to address these issues were planned.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, improvements were required to ensure that the documented emergency fire action plan was reflective of the number of staff working in the centre at night-time. Regular fire drills had been completed simulating both day and night-time scenarios, involving all staff and residents. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection. Staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the person in charge and through reviews at the organisation's human rights committee. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was

plenty of space for residents to meet with visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Some parts of the premises required repair and maintenance, such as:

- wooden flooring to the entrance hallway in one house required repair
- external walls to one house required repainting
- fascia and soffit of one house required cleaning
- paved rear yard area of one house required cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were available. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. All staff had received relevant training in various aspects of infection

control.
Judgment: Compliant
Regulation 28: Fire precautions
The documented emergency fire action plan required updating to accurately reflect that there was only one staff member working in the centre at night-time.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.
Judgment: Compliant
Regulation 6: Health care
The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GPs), healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern.
Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. At the time of the inspection, there were no safeguarding concerns at the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oran Services OSV-0005023

Inspection ID: MON-0027234

Date of inspection: 11/01/2022

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The National Policies of the Organization that are noted to have 2021 review dates have been reviewed by the National Policy Review Group and are expected to be signed off by the National Leadership Team at their next meeting, with circulation to all teams following this.</p> <p>The PIC has made this group aware of the potential difficulties that this will cause, and the need for this action to happen as a matter of urgency.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As outlined by the inspector, upkeep work has been scheduled to be completed in both houses that make up the designated centre within the following timeframes:</p> <ul style="list-style-type: none">• wooden flooring to the entrance hallway in one house will be replaced by the 18th of February 2022.• Powerwashing of the fascia and soffit and paved rear yard area, followed by the repainting of the external walls of one house in the designated centre will be completed by the 30th of April 2022.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Action Plans for both houses in the designated centre were reviewed and updated to clearly reflect that there is one waking member of staff on duty at night, in each house of the designated centre.	

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	30/04/2022
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	21/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Substantially Compliant	Yellow	30/03/2022

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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