Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No 3 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 January 2022
Centre ID:	OSV-0005139
Fieldwork ID:	MON-0034621

About the designated centre

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

No 3 Fuchsia Drive provides full-time residential support for a maximum of four adults, male and female with a mild/moderate intellectual disability. The service is based on a social care model of support. The centre is located in a small town outside Cork city and is located close to local shops and services.
The centre is a single-storey bungalow with an apartment at the rear of the property. The house comprises of three bedrooms, one with an en-suite. There is a kitchen–dining area, sitting room, bathroom and staff office/sleep over room. There is a private garden area at the rear and a garden area to the front of the property. The apartment comprises of an open plan kitchen-dining and sitting room area with a separate bedroom and bathroom area. There is also a private garden area to the rear and a small patio area in front of the apartment leading to the main house. Residents are supported by social care staff during the day and in the evenings with one sleep over staff at night time located in the bungalow.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 10 January 2022	10:00hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet three residents living in the designated centre. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an unannounced inspection and residents were not expecting visitors on the day. Two residents were seated in the kitchen area when the inspector arrived. They were ready to leave the house to attend their day services. One staff was supporting them at that time who was very familiar with each resident's assessed needs and personal choices that were being made in advance of leaving. The residents were happy to spend some time talking to the inspector in the kitchen. They were respectful of each other being able to contribute to the conversation and allowed time for each person to speak to the inspector.

One resident spoke of how they had enjoyed being able to spend time with relatives over Christmas. Staff supported the resident to explain to the inspector how they had enjoyed being able to go home for a period of time during the summer in 2021 and had enjoyed a short break with their key worker in a large city in the Autumn of 2021. The resident spoke of how they enjoyed the train journey and had plans to go away again in 2022. They informed the inspector that they had been very happy to get a new mobile phone for Christmas as they spoke with relatives regularly each week and the new phone had a large display which made it easier for them to make the calls independently. Staff encouraged the resident to talk about the activities they had enjoyed over the weekend which included a spin to a local large town and getting a takeaway from their favourite fast food outlet. The resident also outlined how they were looking forward to being able to meet up with friends again in social settings once it was safe to do so in the coming months.

The other resident was completing a word search activity when the inspector arrived. They showed the inspector work they had already completed and explained that they were going to finish the activity when they returned from their day service. They spoke of how they enjoyed a short break with another peer and staff in 2021 and also enjoyed looking at personal photographs on their tablet device. Staff supported the resident to explain to the inspector the activities they enjoyed while attending their day service, which included having a specific hot drink. Staff were observed to provide a packet of the preferred brand of hot drink to the residents to take with them so they could enjoy this while at their day service.

During the morning the person in charge introduced the inspector to the resident living in the apartment at the rear of the main house. The resident acknowledged the inspector at that time but chose to wait until the afternoon to speak with the inspector. When the resident had completed their morning and lunchtime activities they informed staff they were ready to speak with the inspector. The resident invited the inspector into their home and spoke of how they were very happy living

in their apartment. They outlined how they enjoyed being supported by familiar staff. They spoke of how they had enjoyed a spin that morning and detailed what they had to eat for their lunch in a restaurant. The resident spoke of how they had enjoyed a holiday in 2021 with a peer and outlined where they planned to go in 2022 for their next holiday. Staff supported the resident to explain to the inspector the occasion that took place which was depicted in canvas photographs displayed on the wall in the sitting room. Staff also outlined how the resident enjoyed meeting family relatives in social settings occasionally.

The resident spoke about different activities they enjoyed doing with different staff members which included making pancakes and getting their hair styled. They were very proud of the new flower bed and planters outside their apartment and explained how they assisted staff to decorate and maintain these areas. Staff explained that they hoped to develop the area into a sensory garden so the resident could enjoy more activities outside when the weather improves. In addition, the resident spoke with pride of getting a name plaque for their home, which reflected a link to the area where they grew up with their family. The resident explained to the inspector how they tested the video intercom each week to ensure it was working. This was how the resident communicated with staff in the house if they needed assistance. They were also wearing a pendant around their neck which they could use to alert staff in the event of an emergency situation. They also spoke about their daily routine which included watching particular programmes and having a hot drink in the middle of the afternoon. The resident asked the inspector many questions during the conversation and invited the inspector back again for a visit. As the time was approaching for the resident to have their hot drink they indicated that they were happy for the inspector to leave. The inspector observed the staff present to remind the resident to use hand sanitiser as the inspector left the apartment as the resident had put out their hand to touch the inspector's elbow at the end of the conversation.

The staff team on duty at the time the inspector arrived were both day and sleep over staff. It was evident that all were familiar to the residents and supported the residents in a professional and respectful manner. This was also evident as other staff came on duty at different times during the day. The inspector observed residents interact with ease and engage with the staff in different locations in the house throughout the inspection. Safe practices were also observed throughout the inspection in relation to infection prevention and control. Non-touch hand sanitising dispensers were located in a number of areas, all of which had adequate supply of sanitising fluid when checked by the inspector and staff were observed to use these regularly throughout the inspection. Staff were observed to clean the thermometer after each use and temperature checks were carried out as per the provider's policy. The inspector observed all interactions between the residents and staff were positive and respectful. For example, one staff was observed to give a resident visual prompts to help them explain to the inspector what they had enjoyed doing the previous day rather than using words. This allowed the resident time to use their own words in an un-rushed manner. The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, the directory of residents did not contain all of the information as required by the regulations.

The person in charge worked full time and had remit over a total of four designated centres all within a 15 minute drive from each other. They had taken up the position at the end of 2020 and were aware of their role and responsibilities. They were supported in their role by a social care leader who worked full time in the designated centre. Throughout the inspection both staff demonstrated their knowledge of the assessed needs of the residents. Supervision of all staff was completed in 2021, in addition, regular monthly staff meetings continued throughout 2021 with the person in charge scheduling regular meetings also with the social care leader. Members of the core staff team were delegated responsibilities for completing audits which included a monthly audit completed by the social care leader and quarterly medication audit by a community nurse. In addition, the person in charge outlined plans for the introduction of a new audit using the Health Information and Quality Authority, (HIQA), fire audit tool.

There was evidence of continuity of support provided by a core staff team and regular relief staff familiar to the residents. The staff team had demonstrated their ability to respond to the changing needs of residents during the pandemic. For example, when two residents returned to their day service five days a week in October 2021, staff observed both to be very tired in the evenings. A change to the shift pattern to facilitate the residents to return to their home earlier each evening was implemented which required the evening shift to start an hour earlier each weekday. The staff team outlined to the inspector how this had worked very well for both residents. In addition, on the day of the inspection a change to the planned rota was required. The inspector observed staff facilitating with a flexible approach to ensure residents were supported as per their assessed needs. The person in charge had ensured staff training was up-to-date. One staff had been scheduled to attend fire safety training in December 2021 but this had to be re-scheduled for January 2022 due to unforeseen circumstances. In addition, all staff had completed training which had been recommended by the speech and language therapist, (SALT) in May 2021, feeding eating and drinking supports (FEDS).

An action from the previous inspection in March 2020 regarding the directory of residents had been completed. However, at the time of this inspection the absence of residents from the designated centre was not recorded on the documentation reviewed. While residents' daily communication notes did not have entries during

such absences the details of the number of nights each resident was absent was not clearly documented. This was discussed during the inspection with the person in charge and the social care leader.

The provider had ensured all actions from the previous inspection had been completed. There was an annual review completed which included input from the residents, family representatives and staff team in addition to highlights of the year 2021. These highlights included successful holidays for all three residents, use of technology to maintain contact with family representatives and day services. Provider-led six monthly audits were also completed and actions identified were completed or progressing. For example, additional storage is to be provided in the sitting room of the resident living in the apartment which is due to be completed by March 2022. The person in charge outlined the actions taken to ensure the protocol for the use of a sensor mat for one resident met with the provider's own policy and procedures regarding restrictive practices. The auditors had identified the requirement for clarification to be sought from medical personnel regarding the use of this technology.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place. There was a core group of staff supported by a small number of regular relief staff who were familiar to the residents. Staff demonstrated flexibility when changing shift patterns to suit the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed all the mandatory training as outlined by the regulations in addition to specific training identified to support the assessed needs of the residents which included the management of epilepsy, feeding eating and drinking supports

(FEDS).

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured actions from the previous inspection had been completed. However, not all information relating to dates when residents were not residing in the designated centre had been available for review at the time of the inspection. This will be actioned under regulation 21- Records

Judgment: Compliant

Regulation 21: Records

Not all of the additional records specified in Schedule 4 regarding residents were available for review at the time of the inspection. The dates residents were not residing in the designated centre were not clearly documented at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated. All actions from the previous inspection had been completed. The annual review and six monthly provider led audits evidenced actions being identified and completed in the designated centre with the provision of person centred and safe service to the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The residents had contracts for service provision in place including a resident who

required emergency admission for a number of weeks in September 2021.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. Residents were aware of their right to make a complaint. There were no open complaints at the time of this inspection. The staff team had received a number of compliments since the last inspection from family representatives which outlined their appreciation of the care and support provided to their relatives during the pandemic.

Judgment: Compliant

Quality and safety

Overall, the residents well-being and welfare was maintained with a person-centred service where the residents individuality was respected. The provider and staff had adapted the daily routines of residents and staff support during periods of curtailed day services to assist the residents to continue to engage in meaningful activities. Two residents had been supported to return full time to their regular day services since October 2021 and one resident was supported by staff to enjoy their

retirement programme in their home. However, not all fire safety checks were being carried out as per the provider's policy and one fire door was not closing on the day of the inspection.

On arrival at the designated centre the inspector noted the completed works to the driveway. This had been an ongoing action from the previous two inspections of this designated centre in February 2019 and March 2020. The provider had ensured the works were completed to a high standard, providing a safer environment and walking surface for the residents using the area. In addition, there were raised flower planters and garden furniture which the inspector was informed that residents enjoyed using during the summer of 2021. The driveway provided additional space for parking vehicles without obstructing the side entrance which was used as part of the evacuation route for the apartment in the event of a fire. In addition, the main house had been recently repainted with scheduled painting to be carried out in the apartment in the weeks following this inspection. The person in charge outlined advanced plans to install a new kitchen in the house with additional storage approved for the apartment. The flooring in the kitchen had been replaced in November 2021, but as observed by the inspector there was an issue with finished surface. The person in charge explained that this had developed after the flooring was installed. There were raised areas where the floor covering was not adhering smoothly to the surface underneath. The person in charge outlined that this issue would be resolved by the company that installed the flooring in the days following this inspection.

However, following a review of documentation relating to fire safety, the inspector noted on a fire service report completed by an independent company competent in fire safety on 17 December 2021 that the kitchen door was not closing due to the flooring. The inspector checked the door which did not close when the magnetic closure was released manually. Upon further review by the inspector of fire safety checks completed by staff since 22 September 2021, no issue was identified with the closure of fire doors in the designated centre. The inspector spoke with staff who regularly completed these checks which are required to be completed weekly. They advised that they did not check if each door closed correctly. They outlined that no issue had arisen with fire doors not closing when the fire alarm was activated during fire drills in recent months. The person in charge ensured the door was checked and returned to working order by the maintenance department during the inspection. While reviewing the documentation of the weekly fire safety checks the inspector also noted that there were inconsistencies when these checks were being completed. For example, checks were completed on 22 and 25 September 2021, 2 and 3 October 2021 and not documented again as being completed until 20 October 2021.

Also, an emergency exit light in the staff office had been identified as not working correctly since 22 September 2021, this remained unresolved at the time of this inspection. However, it was documented that the issue had been reviewed again on 4 January 2022 with a new panel to be installed. All residents had personal emergency egress plans, (PEEPs) which were subject to regular review and were updated to reflect the changing needs of residents. Regular fire drills, including minimal staffing drills had taken place. This included drills being completed while

one resident was being supported as an emergency admission in the designated centre. However, the emergency evacuation plan required further review. The location identified in the evacuation plan named one location which differed to the location outlined in the evacuation plan contained in the statement of purpose.

The inspector looked at the personal plans of all the residents which had been subject to regular review with input from members of the multidisciplinary team, (MDT). Residents were supported to be involved in setting their own goals and the progress of these were documented. These included re-commencing outdoor activities such as going to a driving range for one resident, swimming and re-connecting with friends with in-person social meetings. The inspector reviewed the personal plan of the resident who had been supported as an emergency admission in September 2021. The resident was supported by familiar day service staff in the house during the day and also continued to attend their own day service during this period. The staff team in the designated centre were supported to communicate effectively with the resident using the resident's personal communication book and visual aids. In addition, the SALT attended a staff meeting to ensure staff were familiar with basic lamh signs to enable them to communicate effectively with the resident during their stay in the designated centre. Staff also facilitated this resident to visit family representatives during their stay which was documented as a positive experience for the resident. Staff also documented that this resident appeared to be very happy to return to their family home at the end of their stay in the designated centre. During the inspection, two of the residents spoke of how they enjoyed having the additional resident in the house.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes, which included using technology such as tablet devices to assist residents engage in on-line activities with their day services when public health guidelines prevented residents attending the services. In addition, tablet devices were also used to support residents to make video calls to their friends. Residents also had access to speech and language services with regular review of their assessed communication needs

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain regular contact with family representatives and friends. Staff also facilitated visits to residents' family homes while adhering to public health guidelines and as per the residents'

expressed wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to access day services and recreation as per individual assessed needs. They were supported by staff to maintain personal relationships and links with the community.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured actions from previous inspections relating to the premises had been completed. The provider had also ensured that the premises was kept in a good state of repair internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were supported to enjoy wholesome and nutritious foods. Storage and labelling of open food packets were observed to be adhering to the provider's procedures at the time of the inspection. Staff were aware of the FEDs plans for residents and had completed training to support residents to enjoy their meals safely while adhering to SALT recommendations.

Judgment: Compliant

Regulation 20: Information for residents

The provider and staff team had ensured that residents were supported with easy to read documentation which included the residents guide, personal plans, complaints process and residents meetings, which were signed by residents at the conclusion of the meetings.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had implemented measures for the assessment, management and ongoing review of risk. There were no escalated risks in the centre at the time of the inspection. However, not all risks as per the regulatory requirements had been documented with the controls in place to reduce the risk of such incidents occurring. This included risks such as the unexpected absence of a resident and accidental injury to residents, visitors and staff.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent. The HIQA self-assessment had been completed in April 2021 with regular reviews completed since then. There was a staff member identified as the COVID19 lead and this person completed monthly audits in infection prevention and control. In addition, staff practices on the day of inspection evidenced adherence to current public health guidelines ensuring the ongoing safety of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and PEEPs for the residents that were subject to regular review. However, an issue identified with the correct working of one emergency light in September 2021 remained unresolved at the time of the inspection. In addition, staff had not always conducted fire safety checks as per the provider's procedures and had not ensured that fire doors were working correctly during these fire safety checks. Also, the arrangements for the relocation of residents in the fire evacuation plan required review as this was not consistent in all documents reviewed during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plans were also subject to regular review and reflective of individual and person centred care.

Judgment: Compliant

Regulation 6: Health care

Each resident had a health care plan and were facilitated to attend a range of allied healthcare professionals. Nursing supports were available from local general practitioners as required and the inspector was informed a community nurse employed by the provider was due to return to their post in January 2022 and would be able to provide additional supports going forward.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was respected at all times. Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 3 Fuchsia Drive OSV-0005139

Inspection ID: MON-0034621

Date of inspection: 10/01/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider has ensured that all of the additional records specified in Schedule 4 are maintained and are available for inspection by the Chief Inspector. The Directory of Residents folder now contains information on individual residents' nights away from the Centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider has ensured that the risk register in the Centre has been updated to include the measures and actions in place to control all of the risks specified in Regulation 26 1 (c) i.e. (i) the unexpected absence of any resident,(ii) accidental injury to residents, visitors or staff,(iii) aggression and violence, and (iv) self-harm	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider will ensure that adequate arrangements for maintaining of all	

fire equipment, means of escape and regular fire compliance checks continue to be on place in the Centre.

A designated day will be set for completing the weekly fire check to ensure regular and consistent completion of same. All fire doors will be check to ensure they are closing correctly.

A part has been ordered for emergency lighting in the office and this will be fitted once received.

The PIC will review the fire evacuation plan in conjunction with the SOP to ensure both documents state the same location for relocation if required in the event of an emergency evacuation.

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	12/01/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	31/01/2022
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	31/01/2022

	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/01/2022