



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 9
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	29 March 2022
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0027742

About the designated centre

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

Designated Centre 9 is intended to provide long stay residential support for service users to no more than seven men with complex support needs. It is located on a large campus in West County Dublin and is near amenities, and public transport is easily accessible. The centre consists of two units. One unit is a single story, single occupancy house equipped with an en-suite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second unit, a wheelchair accessible bungalow, comprises six single bedrooms, a kitchen where snacks and meals are prepared, an open plan dining and living room, a second living area. It also has two smaller shower rooms, a wet room style bathroom with a walk in shower, and a second bathroom. The residents also have access to a secure back garden. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre is staffed by 2.28 Whole time equivalent nursing staff and 15.96 Whole time Equivalent health care assistants. There is a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 29 March 2022	10:15hrs to 18:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector spent time in the communal areas of one home in the designated centre, observing the support given to residents and spoke with some residents specifically about their experience in the designated centre. The inspector visited a second home as part of the designated centre and spoke with the resident and their staff in relation to their experience of the care and support in their home.

On arrival to the designated centre, there was a nurse on duty and four health care assistants. The centre also facilitated two student nurses who were on placement as part of their studies and available to support the staff team. Residents greeted the inspector on arrival, and residents were seen to be well dressed and appeared relaxed and comfortable in their home.

Staff and some residents spoke to the inspector about the plan for the day ahead and activities that had been agreed in advance as part of residents' daily and weekly plans, for example, one resident told the inspector they were going to the gym that morning to do their exercise programme.

The inspector observed kind, person-centred and jovial interactions throughout the day between staff and residents, and the staff team worked cohesively together throughout the day. Staff were aware of residents' routine for the day, and were clear on their roles and responsibilities to support residents. During the course of the day, some residents were having a foot massage in the quiet room with staff, some residents were being supported to attend activity programmes out of the centre and residents at home were being encouraged to take part in interactions or activities of interest.

During meal-times, residents were supported one to one, if required and there was relaxed supervision from the nursing staff during meals for residents. Some residents were supported to eat at quieter times of the day with staff, as this was known to promote a more pleasant and relaxed meal-time experience.

Staff were aware of the measures to be taken in preparing and serving food safely, for example, checking temperatures of food items. During the day some residents were involved in home baking and decorating cupcakes which they seemed to enjoy.

In this designated centre, residents were provided with some of their main meals from the central kitchen on campus. On inspection it was seen that residents had choice around their meals and what they wished to eat, menu plans were available in advance and residents could change their mind on the day, if they wished. Staff were observed to carry out temperature checks and standard food hygiene. In recent weeks the residents and staff team had begun an enjoyable food activity, with each staff member and their key resident worked together to identify a country or cultural theme for a meal to be prepared, cooked and served within the designated centre, along with table settings and decorations to match the theme.

The staff team showed the inspector photographs of these meals which demonstrated that residents were enjoying being involved in the planning, preparing and serving of meals. From review of records, it was seen that residents were included in purchasing food supplies for the centre from local supermarkets and shops.

Since the previous inspection, the provider had carried out renovation works to the designated centre. The bungalow was providing a much more open and accessible space for residents. The furniture and decoration in the living room had been laid out to create a more homely space and there were photograph albums in the living room for residents to look at which showed fun and enjoyable times and events that residents had taken part in. There was two new shower areas in the designated centre and one of the bathrooms had been upgraded. Some residents' bedrooms had been widened and residents bedrooms had been painted and redecorated.

Staff spoke to the inspectors about the changes to the environment, and how this has impacted positively on residents, for example, residents no longer had to wait for the shower room to be available in the morning, as there were now four shower rooms available. The dining room space had been made open-plan and residents were seen to be seated comfortably at meal-times.

Since the previous inspection, there were less people living in this designated centre, with one resident living alone in one home, and six residents living together in another home. This, coupled with the improvements to the openness of the building resulted in a relaxed and more homely atmosphere in the group home.

There was a large garden space available for residents to use, with outdoor furniture, weather screens and a barbeque for the nicer weather. Residents had sporting equipment available to them in their garden, such as basketball hoops and outdoor swings.

There was a vehicle available for the staff team to use, to support residents to go on day trips and activities. Residents enjoyed going for walks, attending exercise programmes, shopping and keeping in touch with family and friends.

Staff demonstrated a good knowledge of residents' needs, likes and dislikes, for example, explaining how they enjoyed listening to their favourite song on the computer tablet, showing the inspector photographs of important events for residents and demonstrating how to encourage residents to take part in their exercise programmes.

Where residents health care needs had changed in recent weeks, the nursing staff team and the person in charge had clear plans in place to support this, with good communication evident between community public nursing teams and the centre staff to support the resident. Staff had received additional guidance and training on advancements in wound care, for example and maintained clear monitoring records and care plans to ensure consistency.

During the day, the inspector spoke with staff regarding what to do in the event of a fire. There were good practices in place to support staff to safely evacuate

residents, in the event of an emergency, for example each fire exit had a removable pack of information to be taken should an evacuation be required. Staff knew how to respond should the fire alarm sound, and there were preventative and fire fighting measures in the centre such as fire blankets, fire extinguishers, fire containment measures and appropriate and accessible exit points. The provider had identified and informed HIQA of plans to upgrade the fire systems in their designated centres. The fire panel in the designated centre had been very recently upgraded so that it would show staff the location of a potential fire, which would support them to choose the safest exit route. Staff explained that this had only recently been installed, and they were awaiting further training and guidance on how to use it.

The inspector spent time with the resident who lived in the other home of the designated centre, and they showed the inspector their house. From speaking with the resident and their support staff, it was found that the resident was very happy in their home, and with the care and support that they received from the staff team. The resident felt they could raise any issue or concern freely, and that the provider would listen, for example, if something needed to be fixed in the building. The residents expressed that they were happy with their daily occupation and how they chose to spend their day.

The inspector met the newly appointed person in charge who had only recently been given responsibility for this designated centre. The person in charge was getting to know the residents and staff team, and had a good understanding of the care and support requirements in the designated centre, and any identified areas for improvement that had been raised through the provider's auditing processes.

Overall, residents expressed their satisfaction with the care and support in their designated centre, and it was observed that residents were treated kindly, had opportunities to engage in activities of their choosing and arrangements were in place to meet their needs. The designated centre was offering a homely environment and was decorated and operated in a manner that was appropriate to individual needs and interests of the residents living there. Some improvements were required in relation to fire safety, staff training and the management of personal possessions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective

needs. This inspection found that the provider and person in charge had adequately addressed the areas identified for improvement in the previous report in February 2021, for example, through extensive upgrade works to the physical building, reducing the number of people living in the centre overall and increasing the number of staff on duty at night-time. Some areas were in need of further improvement, as will be outlined further in the report in relation to fire safety, and minor improvements in relation to staff training and personal possessions.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, there was transport available, adequate premises and facilities and supplies.

The provider had a defined management structure which was seen to be effective at escalating information about the centre to the senior and executive management team. There were management and oversight systems in place, to continuously monitor the quality of the care and support in the designated centre, and these tools were being effectively used to bring about improvements.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. The staff team was made up of staff nurses and health care assistants. There was additional household staff employed by the provider to support with the cleaning and upkeep of the designated centre.

The provider had routine and refresher training made available to the staff team and had identified mandatory training for the organisation as per their own policies and procedures. On review of the training records, there were some small gaps in the refresher training for staff in key areas such as manual handling, fire safety and hand hygiene, with dates booked and arranged for some staff members in the coming weeks. While the provider had identified mandatory training and had good oversight systems in place to review training needs in these areas, they had not determined the required and specific training for this centre based on residents' needs. For example, a number of residents required modified diets to promote their safety during mealtimes, on review of records a large number of staff had not completed training on supporting residents with modified diets, or how to alter food consistencies based on their assessed needs.

While there were systems in place for the formal and informal supervision of staff members, with one-to-one meetings with staff members occurring as set out in the provider's policy. There were regular staff team meetings held in the designated centre and the person in charge was present in the centre on a regular basis, to oversee the care and support being delivered by the staff team.

Overall, the provider and person in charge had taken action in respect of the previous inspection findings and had made changes that improved the quality of the service and resulted in person-centred care and support for residents within a pleasant environment.

Regulation 14: Persons in charge

The provider had appointed a new person in charge to hold responsibility for this designated centre in March 2022. The person in charge worked full-time and was suitably skilled, experienced and qualified in their role. The person in charge still held responsibility for another designated centre located on the campus, with plans for this to be reduced to one area of responsibility to enhance the governance overall. The arrangements in place to hold responsibility for two designated centre was found to be sufficient.

Judgment: Compliant

Regulation 15: Staffing

The designated centre had a staff team that consisted of staff nurses and health care assistants. There was an adequate number of staff on duty during the day and night time to support residents' individual and collective needs.

Following the previous inspection, the provider had increased the staffing resources within the designated centre by ensuring there was second member of staff on duty each night.

During the day-time, there was a staff nurse and four care staff working in one home of the centre to support six residents, and one staff member working with one resident in the other home. The staff team were seen to work well together, and had a shared focus on engaging residents in meaningful activities, and following their chosen plans for the day.

The person in charge maintained a planned and actual staff roster for the designated centre, showing who was on duty during the day and night-time and included their full name and role title.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. However, some staff had not completed refresher training in mandatory areas as identified by the provider's policies, for example manual handling and fire safety.

Specific training, based on residents' needs and risk in this designated centre had not been provided to the staff team, for example, supporting people who require modified diets and consistencies.

Staff were formally supervised on a regular basis in line with the provider's policy, there were regular staff team meetings and the person in charge was present in the centre on a regular basis.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had made recent changes to the management structure in the designated centre, through the change of the person in charge role. The management structure was clearly defined and had identified lines of reporting, responsibility and accountability.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an Annual Review of the quality of care and support in line with the National Standards, this had been inclusive of the views of residents and their families. The provider had recently enhanced their auditing structure to include regular infection prevention and control audits, risk management audits and fire safety audits.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was safe and offered a comfortable and pleasant place to live. The number of people living in the designated centre had reduced, and the provider was applying to renew the registration of the centre for seven people, where it had previously been for nine.

The provider had renovated one home of the designated centre since the previous inspection in February 2021, and residents were afforded a more homely, accessible and comfortable home, with improvements to the communal or shared rooms in the centre, to residents' individual bedrooms and showering facilities. Staff felt that these physical changes had a positive impact on the experience of residents living there. Some minor improvements were required to the other home in the designated centre, in relation to the exterior painting and upgrades in relation to the shower room.

The staff team demonstrated a good understanding of residents' needs, likes and dislikes and how to support them to engage in activities that were meaningful to them. There were plans in place over the day and week to facilitate residents wishes to engage in different at home, or external activities. Residents' needs were noted and assessed using assessment tools implemented by the provider. Based on these assessments, care plans were written up to outline how each individual need would be met and supported. Identified health needs had corresponding care plans in place. If advice from health and social care professionals was required, this was included within written plans and records maintained of all appointments and information.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted residents' safety. The number of residents living in the centre had been reduced since the last inspection, and in general residents got on well with each other and enjoyed each others company. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had access to training in safeguarding vulnerable adults at risk of abuse. Residents who required support for personal care had this documented in person-centred intimate care plans.

Residents were seen to use their home freely, with access to all areas of the designated centre and garden area. Where restrictions had been in place previously, residents had been supported to develop skills to improve their independence and leave the centre for walks or time outside without staff support.

Residents were protected against the risk of infection through policies, procedures, practices and equipment that promoted good practice. For example, staff wore appropriate personal protective equipment, there was adequate supplies of hand

sanitisers available and all visitors had to complete a temperature and symptom check on arrival. The risk of COVID-19 had been assessed and local procedures put in place for contingencies should a suspected or confirmed case occur for residents or staff. There was a system of auditing in place by the provider to continuously improve in the area of infection prevention and control and identify any issues in a timely way.

The provider had fire safety systems in place in the designated centre to protect residents against the risk of fire. However, improvements were required in relation to the fire system in place and providing training for staff in how to use the addressable panel to support further their evacuations. However, the provider had plans in place for this, and the measures in place in the interim were promoting safe practice in the event of a fire or other emergency.

Overall, residents were receiving a service that was found to be safe and of good quality, with some minor improvements required in relation to fire safety systems, staff training and personal possessions.

Regulation 12: Personal possessions

Residents were supported to retain control over their personal possessions, where they had an interest to do so and had support available to them from the staff team in relation to managing their finances. Since the previous inspection, residents had been supported to access pre-paid cards so that it was easier for them to have more control over their money, and be more involved in purchasing items of choice.

Following recent renovations, residents had been supported to decorate their bedrooms and purchase additional furniture and belongings, if they wished. Residents had suitable storage and wardrobe facilities available for their clothes, and there was a laundry service provided by the provider, and access to washing machines and dryers in their home if they wished to use these.

Residents finances were regularly reviewed and checked by the person in charge, and at times finances were audited by the finance department. There were policies and procedures in place to support staff to manage residents' finances in a way that was transparent and safeguarded residents.

While there were systems in place to account and safeguard residents' belongings, the tools used required further improvement, for example, to ensure if a resident bought an expensive product that there was photographic records for their inventory of belongings, in case of items being misplaced or mixed up to ensure they could be easily identified.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had resumed attending activities and events both through the provider's service and in the community, for example, returning to using the gym and swimming pool. Residents wishes and interests were known by the staff team and daily and weekly activities were planned in advance to offer residents opportunities to engage in meaningful activities and occupation.

There was an adequate number of staff on duty to support residents' activities and offer choice in their day. Residents were being encouraged to participate in using pre-paid cards to purchase their own shopping or belongings.

Judgment: Compliant

Regulation 17: Premises

The provider had renovated and redecorated one unit in the designated centre to a good standard, which was providing a premises that were clean, well maintained and more accessible for residents. Overall the two homes of the designated centre were kept in a good state of repair, were suitably laid out to meet the needs of residents.

Some enhancements were required in one unit of the designated centre, for example, painting the exterior of the building and upgrading aspects of the shower and bath room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with meals that were properly and safely prepared, nutritious and offered them choice.

Where residents required support or assistance at meal-times, this was available and respectfully given, for example, staff sitting along side resident. Nursing staff were present during mealtimes to offer discreet supervision to residents and the staff team, and staff were aware of the likes, dislikes and requirements of residents in relation to their diets.

Residents had access to snacks, drinks and meals at times that suited them, had choice around what time they ate their meals and with whom.

There were adequate provisions for the storage of food.

Residents were being encouraged to take part in buying, preparing and cooking meals in the centre, with the support of the staff team. Staff were promoting sociable meal time experiences and events.

Judgment: Compliant

Regulation 27: Protection against infection

The specific risk of COVID-19 was assessed, and the provider had plans in place to support residents to self-isolate if they were required to.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how the shared facilities would be allocated and managed to lower the risk of infection.

The provider had trained a number of staff to carry out testing on-site, if this was deemed as required. The provider had made arrangements for routine Infection Prevention and control (IPC) audits to be completed in the centre by a suitably qualified person. The results of these audits in this centre were good overall, and it was seen that action had been taken for the majority of issues raised, to bring about improvement, for example, there were alginate bags now available for soiled laundry, the sharps bin had been located to a safer location and open food was now covered and labelled. There were plans for the remaining minor improvements to be addressed by the person in charge.

Staff were wearing the personal protective equipment (PPE) as required in the latest guidance and there was an adequate supply of PPE stock for the designated centre. Staff were seen to use hand sanitiser and wash their hand throughout the day.

There were routine cleaning and enhanced cleaning regimes in place in the designated centre. For example, increased cleaning of high touch or high use areas such as door handles. The provider had a household staff team to carry out routine cleaning in the two units of the designated centre. There were systems and equipment in place for the safe management of laundry. Equipment for use by residents was identified as single use, or single person use to prevent potential cross contamination.

On arrival to the designated centre there was appropriate signage on the correct PPE to be used by visitors and staff, a visitor sign in sheet and measures to check temperature of all people entering the building. There was hand sanitising facilities located around the premises and on immediate arrival into the centre.

Judgment: Compliant

Regulation 28: Fire precautions

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

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus and this was evident in this designated centre through the installation of a new fire panel unit. Staff were awaiting further training and guidance on the identification of zones within the centre. Once completed, this would result in the designated centre having a high standard fire alarm system and addressable fire panel to support their evacuation plans.

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

On inspection, staff had a good understanding of what to do in the event of a fire emergency, staff and residents had participated in fire drills and there were practical measures in place to support this. There was fire fighting equipment in the centre, emergency lighting, fire containment measures and adequate and accessible fire exits. Fire equipment was serviced and checked on a regular basis by a fire professional.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a system in place for assessing, and planning for residents' needs in the designated centre, through assessment tools, information gathering and a mixture of online and paper based documents. Assessments included the advice or input from allied health and social care professionals when this was required.

The provider was changing and enhancing their online record system at the time of the inspection, and arrangements had been put in place to ensure staff had access to relevant information during this change over, and had methods to record daily information until the system was fully operational.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans, and were supported by a team of care assistants and staff nurses.

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

Advice or recommendations from health and social care professionals was incorporated into residents' care plans.

Residents were supported to have an annual medical review with their GP, and the nursing team prepared for this by reviewing their care in the previous 12 months and any health related issues and risks.

Residents were supported to avail of National Screening Programmes suitable to their age and gender, if they wished or consented to this.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies and procedures in place to identify, report and respond to safeguarding concerns in the designated centre. There was a named designated officer responsible for managing and screening any safeguarding concerns or incidents in the designated centre. The pathway for managing safeguarding concerns was on display in the designated centre, along with information on the designated officer contact details.

There were no current or new safeguarding risks in the designated centre at the time of the inspection. Residents were supported through long-term safeguarding plans that promoted their safety, and staffing available supported residents in line with their needs. Residents told the inspector that they felt safe in their home.

Residents who required support with personal and intimate care had documented intimate care plans in place, which were found to be person-centred.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 9 OSV-0005838

Inspection ID: MON-0027742

Date of inspection: 29/03/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge ensured that required training are completed and has addressed the training requirements to the staff and Learning and Development. The training were booked to complete refresher training in mandatory areas as identified during the inspection and is due to be completed on 30th of June 2022.</p> <p>The Person in Charge has discussed specific training requirements to staff and to complete FEDS Training by 30th of June 2022 to support people who require modified diets and consistencies.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge has ensured on 31st of March 2022 that recording of service users’ personal possessions in the asset registers in line with the policy are in place and that the Person in Charge will ensure that this is monitored regularly with the keyworkers.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has addressed required works to exterior painting and upgrading the aspects of the shower and bathroom to the maintenance department who have planned to complete the works by 31st of December 2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person In Charge has addressed the fire safety concerns to Fire Safety Officer. Fire alarm panel has been upgraded in W23 on February 2022, the fire alarm panel is of an L1 Standard and this can be activated muted and reset, guidance and demo provided to the Person in Charge. Fire Officer has issued requests for Fire Panel Zones and training will be provided and this is due to be completed by 31st of May 2022.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/12/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/05/2022