Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Marble City View Accommodation
Name of provider:	RehabCare
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	17 January 2019
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0023345

About the designated centre

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

Marble city view accommodation aims to provide residential accommodation service to both male and female residents wherein all residents are supported to live as independently as possible within the county of Kilkenny. The premises is comprised of six apartments where the provider strives to afford a high quality, supportive, flexible, person centred accommodation service to all residents, seven days per week. This service is designed to provide care and support to a maximum of 15 residents, male or female, from the age of eighteen years. The service users can remain in the service for as long as they wish unless the service can no longer meet the individual assessed needs.

The following information outlines some additional data on this centre.

Current registration end date:	07/10/2020
Number of residents on the date of inspection:	13

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
17 January 2019	08:30hrs to 17:30hrs	Laura O'Sullivan	Lead
17 January 2019	08:30hrs to 17:30hrs	Lucia Power	Support

Views of people who use the service

The inspectors had the opportunity to meet and speak with a number of residents throughout he day of inspection. Residents spoke of improvements in the centre since the last visit by HIQA. This included the increase in staffing levels which meant they could get out and about more and spend more time chatting with staff in the evenings. Some residents discussed that they now felt safer knowing that two staff were available to support them if they needed.

Inspectors were invited into a number of apartments, which residents proudly showed to inspectors. In one apartment staff competently supported a resident to communicate with inspectors. Overall, residents all appeared happy and comfortable in their living environment, however one resident did tell staff it got annoying when the bathroom in their apartment wouldn't work. They had complained about this to the staff.

Residents told inspectors who they would go to if they wanted to talk to someone or if they had an issue they needed support with. All residents spoke of the activities they enjoyed participating in. The night before the inspection a group of friends had gone for dinner for one of their birthdays. They all spoke of their enjoyment in this. One resident met with inspectors on return to their apartment after their day activities. They proudly spoke of their favourite activities and what they enjoyed to do in their free time. They were a proud Kilkenny native and spoke of their local community.

Residents were aware of their rights and what supports they were entitled to. One resident told inspectors they felt happy and safe and that the running of the centre was all about their rights.

Interactions between residents and staff were observed to be positive and respectful in nature. Residents spoke highly of staff and staff displayed a high awareness of the needs of the residents.

Capacity and capability

The inspectors reviewed the capacity and capability of the service currently afforded to residents within the centre. It was evident that this was a person centred service which promoted a positive quality of life. Some improvements were required with respect to the governance systems in place to ensure that issues were addressed in

a timely manner, to ensure the service provided is safe and appropriate to the residents needs, consistent and effectively monitored.

The registered provider had ensured a clear governance structure was in place within the centre. A person in charge had been appointed to the centre. The inspectors spoke with the person in charge at length on the day of the inspection. They possessed the necessary skills, knowledge and experience to fulfill their governance role.

The person in charge reported directly to a person participating in a management. There was evidence of ongoing communication within the governance structure to ensure that the service provided within the service was safe and effective. In conjunction to this the registered provider had ensured the implementation of an annual review of service provision and a six monthly un-announced visit to the centre. The members of the governance team showed an awareness of the actions required following the implementation of the organisational management systems.

A number of identified issues were reviewed as part of the inspection including an on-going issue relating to the ventilation within the premises. Despite issues being highlighted in a number of monitoring systems, time-bound action plans had not been implemented resulting in the issues remaining outstanding. Whilst their was evidence of the person in charge implementing some measures to attempt to address identified issues a resolution has not been achieved to ensure all areas of the service was resourced to effectively deliver care and supports required.

As part of the governance measures within the centre, improvements were required to ensure the registered provider had effective arrangements in place to support staff to exercise their personal and professional responsibility and to facilitate staff to raise concerns about the quality and safety of service provision. As part of review of an incident which had potential to have a negative impact on residents and staff, it was evident that staff present did not immediately intervene or report the incident to reduce the risk of negative impact on residents. Also, those aware did not report the incident to ensure the safety and well-being of residents was paramount at all times. The incident had been discussed as part of a staff team meeting, however the details of this meetings and discussions were vague. Following the inspection assurances were received of measures which were to be implemented to ensure that staff were aware of the importance of adhering to their professional responsibility.

The registered provider had ensured the provision of an effective complaints procedure, this incorporated a complaints policy which clearly set out process and procedures to adhere to should a concern arise. Residents and staff spoken with could clearly articulate these measures. A log of complaints was maintained within the centre. This log evidenced in general the consultation and involvement of the complaints officer in dealing with the complaint in a timely manner, whilst ensuring the satisfaction of the complainant. However, one complaint which had been submitted by staff and residents relating to the premises on a number of occasions remained active.

Regulation 14: Persons in charge

The registered provide had ensured the appointment of a person in charge to the centre. This person possessed the necessary skills and knowledge to fulfil their governance role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of allocated staff was appropriate to the needs of the residents currently residing within the centre.

Judgment: Compliant

Regulation 23: Governance and management

Whilst the registered provider had ensured a clear governance structure was in place within the centre; improvements were required to ensure organisational and centre level monitoring systems were consistently utilised to to improve service provision

Improvements were also required to ensure effective arrangements were in place to support all members of the workforce to exercise their personal and professional responsibility, including the facilitation of staff to raise concerns about the quality and safety of the supports provided to residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensure development and ongoing review of the statement of purpose, ensuring the required information as set out in Schedule 1 of the Health Act 2007 was present.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that notice in writing was given to the chief inspector of all notifiable events.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure. Staff and residents were aware of procedures to adhere to should a concern arise.

The registered provider ensured that in general complaints were addressed in a timely manner, ensuring the satisfaction of the compliant. However, one complaint which had been submitted by staff and residents relating to the premises on a number of occasions remained active.

Judgment: Substantially compliant

Quality and safety

The inspectors reviewed the quality and safety of the service provided to residents and found that residents were supported to engage in a range of meaningful activities whilst promoting independence. Residents were consulted with respect to the day to day operations of the centre and were actively involved in the running of their apartment and personal space. Their role within the local community was promoted on a daily basis by utilising local amenities and participating in local events. Supports required were clearly reflected within individualised personal plans, and staff had a clear understating and awareness of these needs.
However, improvement was required with respect to the premises to ensure the quality and safety of service provision was achieved and maintained.

The premises were warm and tastefully decorated in line with the residents personal tastes and hobbies. An issue with respect to the ventilation and drainage of the premises required review. On entering a number of apartments inspectors noted an unpleasant smell. This issue has being on-going and despite efforts from the person in charge a resolution had not been implemented. Residents did speak of toilets becoming out of service at intervals and the dislike of the smell. Residents had signed a tenancy agreement which included the maintenance of the service. The

registered provider was requested to implemented measures to address this issue as part of the inspection.

The registered provider had not ensured effective fire safety management systems were in place. A number of structural issues were present including damage to containment measures. This had been identified to the provider six months previous to the inspection however; no actions were implemented as an interim measures whilst awaiting a review by a competent person. Where evacuation plans were in place, these did not clearly guide staff on the procedure to adhere to if one staff member only was present. The person in charge had ensured the development of personal emergency evacuation plans; however these also required review to ensure the procedures set out were reflective of the residents currents needs. On the day of inspection an urgent action was issued to the provider requesting assurances that measures were to be implemented to ensure the safety and well being of residents was maintained and promoted.

Marble city view accommodation presented as person centred environment where residents were supported and facilitated to participate in a range of activities and training programmes to promote a positive quality of life. Staff spoken with displayed a great awareness of the support needs of residents and this was reflected within the individualised personal plans.

The person in charge had ensured measures were in place for the on-going review of personal plan. As required input was evident from members of the multi-disciplinary team and guidance was available for on level of supports required for residents. Although personal plans clearly set out supports they were developed in a manner which continued to promote the individuals level of independence whilst maintaining their safety. Residents spoken with articulated they appreciated these supports.

Where individual goals had been developed there was clear evidence of resident's participation in these with on-going progression of goals and life plans evident. Residents spoke of their enjoyment in engaging in activities. The night prior to inspection a number of residents had gone for a friend's birthday dinner. All were encouraged to participate in active in the local and wider community including training programmes such as computer programmes and gardening programmes. The roof area was an area which one resident enjoyed to participate in gardening and was preparing for the seasonal planting to commence.

The person in charge had ensured that residents receive support as they transition between residential services. There was evidence that they were consulted in the process through the provision of information and training in life-skills required for the new living arrangement. The resident currently involved in a transition spoke very positively of their experience and the supports afforded by staff. The transition process within the centre was person centred and ensured the impact on all residents was reviewed as part of the process.

Regulation 13: General welfare and development

Residents were supported to participate in a range of recreational activities in accordance with their interests, capacities and needs. The person in charge had ensured that residents were supported to access opportunities for education, training and employment.

Judgment: Compliant

Regulation 17: Premises

The centre consisted of numerous apartments which were decorated in line with the individuals personal taste. An on--going issue relating to the ventilation and drainage within the centre had resulted in an unpleasant within areas of the centre.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide for residents in respect of the designated centre and ensured a copy was available to residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents receive support as they transition between residential services. There was evidence that they were consulted in the process through the provision of information and training in life-skills required for the new living arrangement.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured effective fire safety management systems were in place. A number of structural issues were present including damage to containment measures. Improvements was required also with respect to evacuation procedures in place and guidance which was afforded to residents and staff.

On the day of inspection an urgent action was issued to the provider requesting assurances that measures were to be implemented to ensure the safety and well being of residents was maintained and promoted.The registered provider responded with a satisfactory plan to achieve compliance in this regulation.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which was individualised, comprehensive and regularly reviewed. Residents were actively involved in the development and review of all aspects of the personal plan, with clear evidence of participation and progression of goals.

As required multi-disciplinary input was incorporated with the plan. Clear guidance was evident for staff on level of supports required.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured the designated centre was operated in a manner respectful of the individual. Residents were consulted in the day to day operations of the centre and in their personal life with supports reflective of their level of independence.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marble City View Accommodation OSV-0002643

Inspection ID: MON-0023345

Date of inspection: 17/01/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Actions

· The PIC is being supported by the PPIM/ Integrated Service Manager for the region on an ongoing basis along with input from representatives from Quality and Governance directorate, HR and the Property Department.

· Members of a core oversight team from operations and the Quality & Governance Directorate including subject matter experts have inputted into the compliance plan and overall action plan for the service. Meetings have taken place on a regular basis with input from experts in each directorate regarding fire safety and risk management etc.

· The ongoing schedule of the internal 6 monthly unannounced visit will take place on or before the 01/05/19.

· The ongoing annual review of the service will take place as per schedule on or before the 12/08/19.

· The Board of the Housing Association were informed of this inspection report and associated findings at a meeting of the board on the 07/03/19.

· A copy of this inspection report was made available to the Rehab Board on the 12/03/2019.

· On agreement of this action plan with the authority, the providers Senior Project Executive (Compliance) and the Director of Quality and Governance will incorporate this

plan into the organisations overall current action tracking process. Reports on the progress of actions will be provided to the CEO/COO and the Board on a monthly basis until all actions arising have been addressed. The first report will be supplied by the 15/04/19.

· In line with the current process the PIC and ISM have also develop a local action tracker for the service which will ensure that all actions identified in this report are continually monitored, progressed and reviewed.

· As part of our ongoing commitment to quality improvement and in response to our own internal audit findings the Quality and Governance Directorate working alongside Operations will roll out a new revised action tracking system. This system will ensure organisational, regional and local centre level monitoring systems are consistently used to improve service provision. This on line system will also seek to provide a repository of all reports - each location has its own page and will have uploaded HIQA Reports, Internal Audits and Annual Reviews on it.

· Actions arising from internal visits and HIQA inspections will be logged on the new system and tracked. The PIC, ISM and ROO will sign off on actions as they are completed. This new system will be rolled out on the 03/04/19. PIC's, PPIM's, Senior Leadership Teams along with the Quality and Governance Directorate will have oversight of this new system.

· The Provider has a range of mechanisms in place to ensure and support staff members to raise concerns about the quality of the care and support being provided to residents, including: Regular Team Meetings, Individual Supervision Policy, Whistleblowing Policy and associated procedures, on site access to Team Leader and / or PIC and ISM. These processes are overseen by the PIC and are implemented on an ongoing basis.

· A workshop will take place for all staff on the 04/04/19 to review and improve arrangements in place to support all members of the workforce to exercise their professional responsibility including how to raise concerns about the quality and safety of the supports provided to residents. This workshop will be led by an experienced psychologist in the organisation.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Action

· Any complaints on the organization's complaint management database and actions

arising have been reviewed by the PIC, ISM and the Rehab Groups Complaint Officer. Resolution of any outstanding complaints will be monitored by the Complaint's Officer until such a time as they are resolved to the satisfaction of the complainants.

· The Rehab Groups Complaint Officer will visit the service and meet with residents and staff. This meeting will ensure that all residents and staff are reminded of the organisation's complaint policy and procedure. It will also ensure that all staff and management are fully informed of their responsibilities in terms of recording, managing and responding to complaints as they arise. This will be completed by the 03/05/19.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Actions

· Contractors have commenced work on the building with a specific emphasis on addressing the fire safety and fire containment issues in the building. As per the compliance action plan submitted on the 25/01/19, this work will be completed by the 03/05/19.
· In conjunction with the fire upgrade works, it is intended to action the works associated with the foul waste systems, plumbing and internal ventilation on a parallel basis. Both work streams are complimentary in terms of work input and would ideally be completed by a single lead contractor, leading to the minimum amount of disruption for residents. To be completed by the 03/05/19.
· The PIC is communicating with all staff and residents on a daily basis to consult and collaborate on the project. This process includes actions such as; compiling risk assessments to ensure the safe delivery of the service during the works and seeking consent for access to the apartments from each resident during the works.
· Mechanical Services Consultant attended on site during opening-up works to review foul waste pipework installation, plumbing and current arrangements for ventilation and also liaised with existing plumbing maintenance contractor to understand the history of defects attended to on this site and to document remediation requirements. Completed by the 01/02/19.
· Contract cleaners have been requested to do a full deep clean of the premises after each stage of the refurbishment works. This process will be completed as at the 03/05/19.
· The Integrated Services Manager along with the PIC and other service managers based in the building meet on a quarterly basis to discuss and action the maintenance issues in the building. One of the local managers (based in the same building) oversees and coordinates all maintenance contracts for the building. A meeting took place on the 23/01/19 and on the 12/03/19 to discuss the building works and any other general building maintenance issues. Minutes of meetings are available for review.
· There are weekly site meetings with the contractor, local managers, ISM, representative from the property department and the engineer overseeing the project.

Minutes available for review.
· Marble City Views Business Continuity Plan was reviewed by the 08/02/19. This plan was communicated to staff at the staff meeting on the 11/02/19.
· The current ventilation/ temperature/ lighting risk assessment was reviewed and the risk rating revised. Based on the ongoing works regarding ventilation and plumbing in the building, the risk assessment will be revised further when all works are completed. This will be completed by the 03/05/19.
· A new risk assessment was completed to look at tenancy agreements and highlight any breach in terms of the landlord's responsibility to act as required. The PIC & ISM have reviewed and signed off on this risk assessment. This was completed as at the 22/03/19.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Building Works:

• A Site Inspection to include limited opening up works was completed. This involved a Joint Inspection including many contractors to carry out opening up works to further clarify the extent and scope of remedial works required. Completed as at the 25/01/19.

• A scope of works document was prepared to include marked up floor plans.
A meeting was then held with the nominated contractor. Completed as at the 22/02/19.

• Contractor mobilization and set up on site – selection of nominated contractor. Completed as at the 25/02/19.

• Work commenced on site. Completed as at the 25/02/19.

• Execute and complete all Site Works. Works to be monitored on a weekly basis by the contractor with interim inspections by the engineering company. A nominated member of the Providers Property Team was assigned to oversee the implementation and execution of the works. To be completed as at the 26/04/19.

• Final sign off and certification of works by both the contractor and the engineering company. Completion date at the 03/05/19.

Operational Procedures:

· The new PIC and Team Leader have reviewed and revised the current evacuation procedure that staff will follow when the fire alarm sounds for evacuation. Completed as at the 13/03/19. Further input is required from a designated Fire Officer and external fire

consultant which will inform and expand on the evacuation processes going forward. To be completed by the 30/04/19.

· An additional grab bag with essential resident information including next of kin, torch, high Vis jacket etc will be held on the 3rd floor of the building in apartment 5. A current system is in place in apartment 3 on the 2nd floor. Completed by the 25/01/19.

· All staff have read and signed the provider's fire fact file. Completion date: Pre 17/01/19. The new PIC who commenced post on the 21st January 2019 has read and signed the provider's fire fact file. This was completed by the 25/01/19.

· The fire alarm will be tested weekly as opposed to monthly, going forward. This process will commence week beginning the 28/01/19.

· The Fire Risk Assessment was reviewed by the new PIC and Team Leader. This review included updating personal emergency evacuation plans for all residents to include more specific detail for each resident. The ISM & ROO reviewed and signed off on the risk assessment with input from the Health, Safety & Risk Lead. Completed by the 08/02/19.

· Each apartment has a visual aid to support evacuation from the building. These booklets will be displayed at the back of each resident's bedroom door for ease of review and guidance. Completion date of the 25/01/19. The visual aids along with each resident PEEP's will be reviewed at each house and key worker meeting. These meetings take place on a regular basis and are chaired by the designated key worker.

Ongoing Fire Safety Checks

· As per the Providers fire fact file, staff on duty will continue to complete daily and weekly fire checks. This will be signed off by the PIC on a monthly basis.

· The fire alarm which is serviced on a quarterly basis will continue to be serviced and maintained as per policy and regulation. In 2018, the alarm was serviced on the 18/01/18, 13/06/18 and the 12/10/18. The most recent service took place on the 15/03/19.

· The emergency lighting system will be serviced on a regular basis as per policy. These maintenance works are carried out by a contractor who is familiar with the building. In 2018, the emergency lighting was serviced on the 09/03/18, 13/06/18 and the 12/10/18. If any issues arise prior to a scheduled service, the electrician will be notified and called out to the service. The most recent service took place on the 20/03/19.

· Path testing was completed for the entire building on the 20/03/19.

· As per the Providers fire fact file, staff will continue to monitor the upholstered seating. This will be completed on a quarterly basis. In 2018, these checks took place on the 24/03/18, 01/06/18, 06/09/18 and the 16/11/18. The next check will take place before the 31/03/19.

· As per the Providers fire fact file, fire drills will take place on a regular basis. These drills will be coordinated between all managers that work in the building. In 2018, the following drills were completed: 05/02/18, 13/04/18, 20/08/18 and the 29/12/18. The most recent fire drill took place on the 13/03/19.

· As per the Providers fire fact file, the automatic door releases are serviced every 6 months. In 2018, these maintenance checks took place on the 04/01/18 and the 25/07/18. The most recent service took place on the 23/01/19.

· The Health and Safety Representative (IOSH trained) will continue to complete monthly hazard inspections as per the Providers fire fact file. This process will be signed off monthly by the PIC. The most recent Hazard Inspection was completed on the 28th of February 2019.

Fire Safety Training

· Annual fire training facilitated by an external provider for all staff that work in Regent House took place on the 18/02/19.

· Residents met with an external fire consultant to review evacuation processes in the service. This meeting and planned evacuation took place on the 13/03/19.

· The Health and Safety Representative attended an external Fire Warden course on the 07/03/19. The information gleaned from this training will inform our fire safety evacuation processes going forward.

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.	Not Compliant	Orange	03/05/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	03/05/2019
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and	Not Compliant	Orange	03/05/2019

	maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	12/08/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/08/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and	Not Compliant	Orange	12/08/2019

	professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	12/08/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	21/04/2019
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	21/04/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Orange	21/04/2019

	building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	21/04/2019
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	25/01/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	03/05/2019