

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC17
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	05 November 2024
Centre ID:	OSV-0001994
Fieldwork ID:	MON-0037240

About the designated centre

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

Kare DC17 is a dormer bungalow situated on the outskirts of a large town in Co. Kildare. A range of local amenities are within a short distance from the centre. Kare DC17 has three separate units which provide a home to a maximum of four adults with an intellectual disability. Person-centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Kare DC17 uses individualised planning to identify each person's needs, wishes and dreams and develop relevant support plans. Residents receive full time residential support from nursing staff, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 5 November 2024	10:00hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector met all four residents living in this designated centre and discussed their activities, plans and current support objectives with them or with their support staff. The inspector also observed how personal, social and recreational goals were monitored, and observed the home environment and interactions, to indicate the lived experience for people living in Kare DC17. In the main, the inspector observed that residents were happy and relaxed in their home, and participated in their community in line with their preferences.

Since the previous inspection, there had been an additional shift created in this designated centre. This facilitated a resident who required the support of two people to access their community to have these resources available while another resident requiring 2:1 support was also out of the house. The inspector observed from personal goals and from what front-line staff said, that this change had been sustained, and had had a measurable benefit to the variety and frequency with which the resident was able to leave their home when they wished without interrupting the routine of their housemate. Staff told the inspector that another beneficial change in the centre was the replacement of an old and unreliable service vehicle with a new accessible bus in 2024, of which this centre had exclusive use. Community access was further enhanced by arrangements to have the provider's day service deliver a second vehicle to the house on evenings and weekends. The team also had access to a further bookable vehicle when required in advance, and some staff were indemnified to drive residents in their own cars if no other option was available. The inspector observed through staffing rosters that every day shift was worked by at least one staff member who was trained to drive the accessible vehicle. Residents and staff commented that these options had enhanced the spontaneity and flexibility with which residents could access and participate in their community.

This centre consisted of a three-bedded primary house and two adjacent apartments accommodating one person each. Each resident had either an en-suite bathroom, or a bathroom they could exclusively use next to their bedroom. This allowed residents to store their own toiletries and have the shower and toilet setup be specific for their needs as they did not share the space with other service users. Residents' bedrooms were highly personalised with posters, artwork, stuffed animals, musical instruments, televisions and sound systems. Residents had sufficient space in which to store their clothes, and aside from medicine, there was no requirement to restrict access to personal belongings or areas of the resident's own home. For residents who used mobility equipment, there was sufficient space to navigate their home as well as ramps, rails and wide doors as required. While the layout of this centre was in the main suitable for the needs of the residents, a number of areas of the house required upgrade, repair or replacement work. This included badly damaged flooring, kitchen cabinets, doors and worktops which required replacement, blinds and curtains which required replacement, and other areas requiring resurfacing or repainting. The cosmetic appearance of these areas impacted negatively on the

homeliness of the living environment as well as the ability to effectively clean the areas. Residents commented that they had been waiting on some of these works for a long time, and told the inspector other aspects of their living space they would like to be changed, including rearrangement of their kitchen layout and new household appliances, and additional shelves for personal items.

During this inspection, residents were supported to maintain their personal routines. Some residents used simple posters and picture lines to plan out how they spent their time, and make changes to previous choices based on how they were feeling on the day. One resident spoke with the inspector before and after going out for the day, and told him how they had enjoyed playing floor hockey, bocce and basketball with their sports team, and how they were working on putting together a video of their sports events. Another resident spent time in their living room enjoying cartoons and game shows, humming along to the music and engaging with the games. One resident had designated vehicle time every day to support them to go out shopping or to lunch in the town. Another resident returned in the afternoon after a long trip and medical appointment and went to lie out and relax in their bedroom watching films.

The two residents with individual apartments were being supported to manage their own home. This included working on skills related to laundry, housekeeping and meal preparation. In a service quality audit in 2024, the provider had identified a need to use the apartments' own kitchens more rather than making dinners in the main house and bringing them over. One resident and their staff member commented that meals were being cooked in their own living space more now, and the resident was supported to use the hob and air fryer. The inspector observed that one resident had demonstrated improvement in their tolerance of people visiting their apartment, and staff provided evidence that their rewards charts for staying calm and positively engaged were being phased out and would be replaced with goals to use household appliances more independently. This resident had also had a personal achievement with success in using public transport, and had also enjoyed recent family trips and went to the zoo.

One service user had paid employment in a maintenance and facilities role and commented that they enjoyed the varied work and the team they were part of. This resident also offered to wash staff members' cars, with a poster in their home advertising their services and how much they charged; staff commented that they did good work. The resident was also interested in participating in an educational course to develop their reading and writing skills. Another resident was a member of a social club, and the staff supported them to tell the inspector of new opportunities being explored in music therapy. Work was ongoing for an extended time to support two of the residents to have full access to their income and a financial account in their name.

The inspector observed respectful, friendly and patient interactions and banter between staff and residents. Staff demonstrated a high knowledge of the residents' preferences, backgrounds, interests and aspirations. While residents had varying profiles in communication styles, staff ensured that they supported each resident to be understood, and included the resident in conversations about them with the

inspector. One resident and one family member completed a written survey which had been issued in advance of this inspection, in which they spoke positively on staff and how kind and supportive they were.

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 purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. The inspector found this service to be appropriately resourced with staff, equipment and vehicles, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them.

Staff members demonstrated a good level of personal knowledge of residents' preferences, personalities and histories, as well as competency in navigating their care and support plans for their assessed needs. Staff were appropriately trained in subjects required for this designated centre. Rosters for the service indicated measures in effect to mitigate the impact on support by familiar personnel during staff absences and vacancies.

Records reviewed as evidence by the inspector were found to be clear, retrievable by front-line staff, and readily available for inspection. This included progress notes on personal goals, training records, and ongoing objectives following incidents, reviews and audits. Analysis and audits conducted in the centre identified a requirement to ensure that all complaints were processed in line with provider policy, and the inspector observed examples of resident injuries which had not been notified in accordance with regulations.

Overall the provider had been successful in implementing and sustaining regulatory compliance actions following the previous inspection, in particular demonstrating evidence of improved compliance in regulations on staffing, medicines and infection control. The inspector observed some areas requiring action which were repeat findings from previous inspections, or had not been progressed by the provider within the timelines set out following previous audits and inspections, which are described later in this report.

Regulation 14: Persons in charge

The person in charge had commenced in this role in September 2024, and worked full-time, supernumerary hours in their management duties. They were suitably qualified and experienced for this role, and demonstrated a good knowledge of their responsibilities under the regulations during this inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had revised their staff complement and allocation based on the support needs of the residents, and challenges which had arisen in supporting residents with concurrent support needs and preferred routines. This change had been sustained and staff demonstrated to the inspector how this had had a benefit in the availability of staffing resources to deliver on residents' personal, social and health care needs.

The inspector was advised that there was one staff vacancy in this centre, which was being actively recruited. The inspector reviewed two months of worked rosters and a sample of accompanying handover sheets. These records indicated that shifts were consistently filled during the day and night, and that staff overtime and a small complement of familiar relief personnel were sufficient to ensure that sick absences and annual leave days were effectively covered.

Judgment: Compliant

Regulation 16: Training and staff development

This regulation was not reviewed in full on this inspection. The new person in charge had not yet met with their staff individually as part of the provider's formal supervision and performance management cycle.

The inspector was provided information on training which was required for staff members working in this designated centre based on the assessed needs of the service users, and a training matrix by which the person in charge could be assured that this training was up to date. Staff were up to date on their training in safe moving and handling of people, fire safety, management of medicines, and protecting people at risk of abuse. Staff had also completed training in supporting residents with needs related to epilepsy, dysphagia, autism and specialist medical and feeding devices.

Judgment: Compliant

Regulation 21: Records

During this inspection, documentary evidence used to indicate regulatory compliance and quality improvement plans related to the designated centre, staff team, residents and service operation was accessible and retrievable by the staff and management, and was available for inspection during this visit.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed evidence to indicate that the provider had implemented changes to its resources in 2024 to more effectively and consistently deliver on the assessed social, personal and health care needs of the service users. This included replacing and supplementing transport suitable for service users, and revising the number and shift patterns of staff to ensure residents requiring two personnel had this provided. The provider had also sustained actions from the previous inspection which had resulted in improved regulatory compliance in areas such as medicines management, staff training and maintaining complete and accurate records.

The inspector reviewed the findings and action plans of unannounced six-monthly quality of service inspections which took place in March and September of 2024. These reports highlighted good practice in the service, and identified areas of resident support plans, progress with quality improvement objectives, training gaps and documentation which required updating or more detailed information. A senior manager had also conducted unannounced night-time spot checks as a supplement to these six-monthly reviews. Single issue audits were also conducted in this centre on topics such as accurate recording of residents' finances, and on the cleanliness of the centre and implementation of infection control measures and practices by staff.

The inspector reviewed a quality improvement plan which collated the findings and actions required based on audits, incidents and inspections, which identified responsible personnel and deadlines required for each action. At the time of this inspection, 38 items were past their due date, including some actions which had not been started, months after their deadline for completion. This included findings and areas in need of development which had been identified on previous internal audits and items which had been identified on multiple regulatory compliance inspections as described elsewhere in this report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained information required under Schedule 1 of the regulations, and this document had been updated to reflect changes in management which had taken place in recent weeks.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records of incidents, accidents and adverse events, and how the provider was reviewing these during centre audits. The inspector observed evidence to indicate that the provider had not reported resident injuries to the Office of the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector observed that residents were advised on the procedure and personnel involved with making a complaint in or about their service, either by themselves or with the support of their staff team. The staff advised the inspector of how they supported the residents to lodge complaints to bring matters to the attention of management and the provider.

Evidence provided during this inspection indicated that some matters were not recorded in line with the complaints process and as such had not been formally responded to. Findings also indicated that some matters were closed before coming to a conclusion which was satisfactory to the complainant, and some information on complaints could not be retrieved. Following these matters being identified in later audits, the provider arranged to provide further guidance to the team on capturing complaints in a manner through which they could be effectively used to improve the service and capture feedback from residents and their representatives.

Judgment: Substantially compliant

Quality and safety

The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines that residents were safe and were supported in their choices, communication styles and independence levels. Residents enjoyed varied and meaningful social and recreational opportunities in their community as well as being comfortable and content in their home. Examples are described elsewhere in this report, and include residents who preferred their own company, residents with paid employment, and residents who enjoyed trips, shopping, and new and ongoing hobbies and sports.

Some areas required maintenance work to retain the cosmetic appearance of the centre, as well as facilitate effective cleaning and disinfection of surfaces. However the residents' home was overall comfortable, and accessible to service users requiring mobility equipment. Residents' bedroom spaces were personalised and homely with adequate space and opportunities provided for residents to furnish and decorate their rooms how they liked. Residents were being supported to take the lead in some aspects of their household management, particular residents who did not share their living space with others.

Staff demonstrated good knowledge on safeguarding procedures and how concerns were being escalated as required. Where staff were responsible for protecting residents' finances, this was subject to protective audits to ensure all income and expenses were accounted for. However, these protective checks could not be completed in full for two people who either did not have a bank account or did not receive their personal income.

Regulation 13: General welfare and development

The inspector was provided evidence from speaking with residents or with their support staff that residents were being supported to stay busy and active with meaningful and varied social, recreational, educational and employment opportunities. Residents were supported to access and participate in the local community, and to enjoy trips away as they wished. The inspector was told about paid employment, sport, sensory therapies and preferred community amenities which the residents enjoyed. For activities which required more exploratory work and formal arrangements, the staff provided evidence of how the progress to deliver on these objectives was being monitored.

Judgment: Compliant

Regulation 17: Premises

The inspector conducted a walkabout of the premises of the designated centre, and reviewed reports and audits related to the suitability, cleanliness, maintenance and

upgrade works required to the premises. The inspector observed that the layout and accessibility features of the premises were suitable for the number and assessed needs of service users. However, a number of areas in the main house and two adjacent apartments required repair, replacement or upgrade works. A number of the items identified had remained outstanding following their identification on previous provider audits, as well as from previous regulatory inspections in 2020, 2022 and 2024.

Works required included but were not limited to the following examples. The kitchen areas in the premises had been identified as requiring replacement. Surfaces of kitchen cabinets, doors, drawers and worktops were observed to be peeling, chipped and damaged and required changes to be suitable for the needs of the residents or to address wall units which appeared to be sagging. The floor in both apartments required replacement, and the inspector observed the floor to be badly worn and damaged. Blinds and curtains also required replacement, some tiled areas were cracked, and some walls required cosmetic resurfacing or repainting. In addition to impacting on the homely environment of the residents' living space, this also affected the ability to clean and sanitise these surfaces. Some doors and windows were observed to be missing handles or have gaps between the door and the frame, with staff commenting that this caused parts of the premises to be cold and require the heating to be on a lot. One resident told the inspector that they had been waiting a long time to have the work done to improve their home.

Judgment: Not compliant

Regulation 27: Protection against infection

During the inspector's walk of the premises, they observed areas in the centre, in particular the kitchen spaces and floors, which were damaged or had cracked or peeling surfaces which impacted on the ability of these areas to be fully cleaned and disinfected. However, the premises as a whole was overall clean, with improvements in features and practices related to hand hygiene, management of cleaning supplies, household waste and food. Hand-washing stations were equipped with paper towels and hand-free bins, and mop heads, poles and buckets were observed to be clean and ready for their next use.

A nurse coordinator had made an unannounced visit to the centre in October 2024 to carry out an audit on infection control and prevention in the centre. The inspector reviewed a comprehensive list of findings and actions required to bring this service into compliance, with specific and measurable actions set out for the centre team. Many of the actions in this audit had been addressed by this inspection, including cleaning out-of sight areas of the kitchen and laundry zones such as behind appliances and inside cupboards, and fitting easy-clean cladding and sealing in shower spaces.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices for prescribing, recording and administering medicines with two member of the staff team. The inspector observed improvement in regulatory compliance in this centre in medicines being administered per the residents' prescriptions, and in prescriptions and their instructions being updated to reflect residents' current support needs. Staff were familiar with the purpose of each person's medicines, and the inspector observed audits which captured a lack of detail in staff guidance to use PRN medicines (administered only when required), which had been addressed promptly.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in effect to protect residents from abuse and protect their dignity and bodily integrity. Staff were trained in identifying and responding to potential instances of abuse or harm, and residents were provided reminders and suitable information on protecting themselves from abuse. Residents commented that they felt safe and respected in their home. Where potential or actual concerns of abuse had been identified, these had been reported to the designated officer and Health Service Executive safeguarding and protection team as required. This included instances in which marks or bruises on residents could not be explained when observed, and review was carried out to rule out likelihood of physical abuse.

The inspector reviewed a sample of how the provider conducted audits of residents' income and expenditure to identify any potential concerns related to finances. These audits had been effective in identifying discrepancies in how residents' finances were being recorded. However, the provider could not conduct these safeguards for two of the four residents where they did not have access to a personal bank account or were not in receipt of their income. This was a repeat finding from the previous regulatory inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector spoke with residents and their support team, observed interactions and practices during the day, and observed examples of how residents were being

consulted in how the centre was run, and how they made choices in their support structures and routines. For example, the provider identified a quality improvement objective that residents in their own apartments were supported to use their own kitchens to cook food and prepare meals separate to the main house. This had also had the effect of residents deciding how they used their kitchens and what they wanted when the kitchens were eventually refurbished. As described elsewhere in this report, changes in centre resources had facilitated greater variety, spontaneity and flexibility in residents access their local community concurrent to the routines of their peers.

The inspector observed residents being encouraged to engage in new and meaningful social and recreational opportunities, while accounting for residents' preferences, interests and experiences. Residents were being supported to take ownership in how they ran their home. The provider was striving to provide a restraint-free environment for the residents, taking opportunities to reduce or retire restrictive practices where there were opportunities for less restrictive alternatives for a lower amount of time. Residents were supported to understand the necessity for what restrictions remained, with one resident explaining to the inspector how the restriction worked and how they could work with staff to eliminate the need for it. Other personal goals were tied into the possibility of retiring charts rewarding good behaviour where they were no longer required to support the resident to engage positively in their routines and plans.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC17 OSV-0001994

Inspection ID: MON-0037240

Date of inspection: 05/11/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The location quality improvement plan has been reviewed by the PIC and PPIM and actions completed where possible. A small number of action timelines were changed to be reflective of current timeframes. These actions (excluding premises – dates outlined in another regulation) will be completed by the end of June 2025.</p> <p>Regular annual financial audits will be carried out. The next audit will be scheduled for the first quarter of 2025.</p> <p>The leader will continue efforts to support service users to gain access to their own bank accounts. This will be discussed on a regular basis by the relevant staff team and recorded accordingly. This will continue as long as is required.</p> <p>An organization provider led conversation will occur in relation to this area in January 2025 and necessary actions completed as identified.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>New PIC joined the service in October 2024. All incidents requiring notification will be added to the portal for three day or quarterly as required.</p> <p>In the absence of the PIC, the PPIM will submit the allegations. This is in place from the</p>	

6th of November 2024.

Learning from this inspection has been shared across the organization. A new list of monitoring notifications has been circulated to all locations in December 2024.

Regulation 34: Complaints procedure

Substantially Compliant

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

The staff team meeting has had a section on Complaints awareness completed including how to recognize complaints, correct procedures to follow etc. This was completed on the 14th of October 2024.

The staff team will discuss the potential previous complaints and record them on the CID database by the end of January 2025.

Posters in relation to complaints procedures are available in the house as of November 2024.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Repairs to all three kitchens were carried out in 2021 and 2022.

A walk around took place with the Leader and Facilities to identify and confirm the works required. All three kitchens are now planned for upgrade/refurb to address the identified needs.

The works have been sent out to contractors for request for quotations due back on the 20/12/24 with works planned to be completed by the end of Q1 2025 subject to the successful contractor appointment.

Replace flooring in 1 apartment in kitchen / living area. Other areas to be assessed and replaced if required.

Kitchen floor to be replaced by Q2 2025.

Bathroom floor not damaged but would benefit from replacement as older. Any repairs required to promote effective infection control management will be undertaken in the

short term prior to the end of March 2025.

The bathroom floor has been damaged with a bleach detergent leaving marks. The floor is not torn or ripped and has been professionally cleaned in 2024. A floor replacement will be completed in conjunction with the upgrade of the staff toilet by the end of December 2025.

New blinds allowed for in sinking fund for both apartments. This will be completed by the end of October 2025.

Curtains will be ordered directly by house through furniture budget. This will be completed by the end of January 2025.

Plan to upgrade bathroom as part of Sinking Fund works 2025. In short term cracked tile to be repaired. This will be completed by the end of December 2025.

Apartment 2 bathroom is dated but is clean and in good condition generally. This will be completed by the end of December 2025.

A professional clean of apartment 1 took place in Oct 2024. The bathroom is planned for a refurb in the sinking fund in 2025. In the short term any regrout or minor works will be completed. This will be completed by the end of December 2025.

Painting in required areas is budgeted for in Sinking Fund 2025 and planned to be completed by the end of Q4 2025 in line with the completion of other planned works noted above.

All identified broken window handles were replaced in the main house.

Apartment 1 - replacement window in pool room area. Completed by October 2025

Apartment 1 - front door – replacement Completed by April 2025

Utility room door – replacement - Completed by October 2025

In addition to the actions to bring the organization in to compliance there are some additional actions planned:

- A refurb is planned in the sinking fund for 2027 and the crack to the tile and any other repairs will be completed in the short term.

- In the longer term apartment 2 bathroom is planned for a refurb in the sinking fund in 2027.

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A walk around took place with the Leader and Facilities to identify and confirm the works required. All three kitchens are now planned for upgrade/refurb to address the identified needs.</p> <p>The works have been sent out to contractors for request for quotations due back on the 20/12/24 with works planned to be completed by the end of Q1 2025 subject to the successful contractor appointment.</p> <p>Replace flooring in 1 apartment in kitchen / living area. Other areas to be assessed and replaced if required.</p> <p>Kitchen floor to be replaced by Q2 2025.</p> <p>A floor replacement will be completed in conjunction with the upgrade of the staff toilet by the end of December 2025.</p> <p>Plan to upgrade this bathroom as part of Sinking Fund works 2025. In short term cracked tile to be repaired. This will be completed by the end of December 2025.</p> <p>Apartment 2 bathroom is dated but is clean and in good condition generally. This will be completed by the end of December 2025.</p> <p>A professional clean of apartment 1 took place in Oct 2024. The bathroom is planned for a refurb in the sinking fund in 2025. In the short term any regrout or minor works will be completed. This will be completed by the end of December 2025.</p> <p>Painting in required areas is budgeted for in Sinking Fund 2025 and planned to be completed by the end of Q4 2025 in line with the completion of other planned works noted above.</p> <p>In addition to the actions to bring the organization in to compliance there are some additional actions planned:</p> <ul style="list-style-type: none"> - A refurb is planned in the sinking fund for 2027 and the crack to the tile and any other repairs will be completed in the short term. - In the longer term apartment 2 bathroom is planned for a refurb in the sinking fund in 2027. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The PIC and quality support staff are meeting on the 18th of December to review and create a comprehensive log of actions associated with the restrictive practices/risk assessments related to finances for two individuals.</p> <p>A record will be maintained of all conversation with i.e. courts, families in relation to this regulatory action.</p> <p>Regular annual financial audits will be carried out in this location. The next audit will be scheduled for completion prior to the end of the first quarter of 2025.</p> <p>The leader will continue efforts to support service users to gain access to their own bank accounts. This will be discussed on a regular basis by the relevant staff team and recorded accordingly. This will continue as long as is required.</p> <p>An organization provider led conversation will occur in relation to this area in January 2025 and necessary actions completed as identified.</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 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	31/12/2025
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 maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Not Compliant	Orange	31/12/2025

	inconvenience to residents.			
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	30/06/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2025
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated	Not Compliant	Orange	02/12/2024

	centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2025