

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

Issued by the Chief Inspector

Name of designated centre:	Liffey 3
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	27 June 2024
Centre ID:	OSV-0005785
Fieldwork ID:	MON-0035157

About the designated centre

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

Liffey 3 is a designated centre operated by St John of God Community Services CLG. The designated centre is comprised of two apartments and provides a residential service for up to five adults with a disability. The apartments are located in a South Dublin suburb. Each apartment has individual resident bedrooms, two bathrooms, and a shared living, kitchen and dining area. The centre is staffed by a team of social care workers and health care assistants. Staff are managed by a person in charge who is a social care leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Thursday 27 June 2024	09:00hrs to 15:45hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of a registration renewal application made by the provider. The inspection was completed over one day and the inspector had the opportunity to meet all three of the current residents. Some residents chose to speak in more detail to the inspector about their experiences of living in the centre. The inspector also had the opportunity to speak to family members of all three residents over the phone and to staff working in the centre.

Conversations with residents and staff, observations of interactions between staff and residents and a review of the documentation was used to inform judgments on the quality and safety of care. Overall, the inspector found that residents in this centre were in receipt of person-centred and rights-informed care which was effective in meeting their assessed needs and ensuring that residents had autonomy and choice in their daily lives.

The designated centre comprised two apartments located in the same complex in a busy Dublin suburb. The designated centre previously had an additional house attached to its footprint however the provider had recently applied to remove this house from the floor plans. The centre is located close to many amenities including shops, parks and public transport. Two of the residents accessed local day services on a regular basis while the third resident was in receipt of an individualised day service from their home.

The inspector met all three residents before they left for their day service and individual activities. In one apartment, a resident gave the inspector a tour of the facilities and showed her their bedroom, kitchen and utility room. This resident was very proud of their home and, in particular, their bedroom. They showed the inspector photographs of their family and friends which were framed and displayed on their bedroom walls, and the storage systems they had for their clothes. The resident told the inspector that they were really happy with their room. They said that they had a keyworker and that they would talk to their keyworker if they had any problems. This resident also showed the inspector the fire evacuation signage in the house and told the inspector what to do if the fire alarm went off.

A second resident also showed the inspector their bedroom. Their bedroom was comfortable and was personalised in line with the resident's preferences. This resident spoke to the inspector about their family and showed her photographs of family members who had passed away. These photographs were very special to the resident and were seen to be carefully framed. The resident told the inspector that they were going to day service on the day of inspection and planned to go to the gym the following day. Staff told the inspector that this resident had recently started working with a personal trainer in a community gym and that they were very proud of how strong they were getting. The inspector saw a communication device on the hall table which was being used by this resident. Staff told the inspector of how they

supported this resident's communication using the device.

Works were underway to two bathrooms in this apartment at the time of inspection. Works were being completed to upgrade the bathroom facilities and to enhance the accessibility of the bathrooms for residents. Residents had been informed of the works and had been central to choosing the design and colour scheme for the new bathrooms.

The inspector met the third resident very briefly as they were leaving for the day with two staff. The inspector was told that the resident and staff planned to visit a sensory garden for the day. Staff told the inspector that this resident had sensory needs and staff endeavoured to meet these through a variety of in-house and community activities. The resident was seen to be upset at one point and the inspector saw that staff provided enhanced care and support to the resident in a dignified manner.

The person in charge showed the inspector around this resident's apartment. The inspector saw that it had been equipped with sensory equipment and other equipment required to meet the resident's assessed needs. For example, a large portion of the resident's bedroom had been fitted with floor mats and sensory toys to facilitate the resident in independently mobilising and interacting with the sensory materials. The bathroom was fitted with a shower trolley and the resident's bedroom had a height adjustable bed which was effective in upholding the resident's autonomy in mobilising and transferring from the bed to the shower trolley for care needs.

Later in the day, one of the residents returned to their apartment from day service with some of their peers and a day service staff. The inspector saw the resident and their peers being supported to bake cakes in the kitchen of the apartment. The inspector was told that the resident used the kitchen facilities for baking as it was a goal of theirs and there were limited facilities to complete this activity in the day service. The inspector was told that the other resident who lived in the apartment had been consulted with about this and had given their consent for their kitchen to be used.

The inspector spoke to a member of staff who was working on the day of inspection. They told the inspector that they were a relief staff and that there were clear procedures in place to ensure that they were kept up to date with the residents' and service needs when they came on shift. The staff member was informed of the residents' needs and personal preferences. Positive and familiar interactions were seen between the residents and staff. The staff member was also well informed of their safeguarding roles and responsibilities and of the management structures in the centre.

Staff in this centre had completed training in a human rights-based approach to care. The person in charge described to the inspector how the residents were central to decision-making in respect of the delivery of care and support. The person in charge spoke of how the staff team had been in receipt of additional training in communication in order to support residents to express their personal choices and

decisions. Additionally, the person in charge detailed the measures that they had implemented to ensure that residents were well-connected with their community. For example, one resident had recently been supported to access a personal trainer in a community gym. The person in charge spoke of the positive impact that this was having on the resident's confidence.

Family members of the three residents spoke with the inspector over the phone. All family members spoke very highly of the staff team, the person in charge and the delivery of care in the centre. Family members described how the staff team had supported the residents to increase their confidence, to be more independent in their daily lives and in their own self-care. Family members described how residents were supported to live active lives in their community and how their health care needs were being effectively met.

One family member told the inspector that "you couldn't get any better than the staff team up there" while another family member said that they "couldn't have asked for a better place". One family member expressed concern regarding an injury that a resident had sustained while living in another of the provider's designated centres. They told the inspector that they were seeking further information from the provider in respect of this incident, however they had no concerns regarding the care in the current designated centre.

Overall, the inspector found that residents in this centre were in receipt of person-centred and rights-informed care which was being delivered by a suitably trained staff team. Residents' communication needs were supported and they were living busy and active lives in line with their own needs and preferences.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring a safe and quality service for the residents.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective the management systems were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership arrangements which were ensuring that residents were in receipt of good quality and safe care. There were some amendments required to the prescribed information submitted in respect of the registration renewal application which required review.

The provider had ensured that there was a clearly defined management structure which identified lines of authority and accountability. The staff team reported to a person in charge, who was employed in a full-time and supernumerary position. The person in charge was supported in their role by a residential co-ordinator and a

programme manager. There were systems in place to ensure that risks relating to the quality and safety of care could be escalated through the management structures to the provider level.

Staff were performance managed through regular supervision sessions and staff meetings. Staff were also encouraged to engage in reflective practice and to identify their learning and development needs. The person in charge had ensured that staff were up to date with mandatory training and that they had received additional training specific to the residents' assessed needs. For example, staff had received training in dementia and communication.

There were a series of audits at local level and provider level which were effective in identifying and responding to risks to the quality and safety of care. Audits were used to inform a quality enhancement tool which monitored the provider's actions in addressing identifying risks.

The inspector saw that there were sufficient staff on duty to meet the needs of the residents. Staff spoken with were informed of their roles and responsibilities and with the residents' individual needs and preferences.

Documentation such as the residents' guide and the complaints procedure were readily available in the designated centre. There were some changes required to the floor plans and the statement of purpose which were submitted with the application to renew the centre's certificate of registration. These were amended and submitted subsequent to the inspection.

Overall, the inspector found that there were clearly defined management systems which were effective in driving service improvement and ensuring a good quality and safe service for the residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made an application to renew the centre's certificate of registration and had paid the associated fee within the required time frame. However, on inspection, it was found that the floor plans submitted did not wholly reflect the purpose of some of the rooms. For example, a storage room was being used as a staff office and this change of purpose to the room was not reflected on the floor plans.

Minor amendments were also required to the statement of purpose to ensure that it was in line with the requirements of the regulations. For example, further information was required regarding the admissions procedure including the procedure for emergency admissions.

The provider amended the floor plans and statement of purpose and submitted these subsequent to the inspection.

Judgment: Substantially compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the designated centre. The person in charge was suitably qualified and experienced. They were employed in a supernumerary position and had responsibility for this designated centre only. This was effective in supporting them to fulfill their regulatory responsibilities and to ensure a good quality and safe service for the residents.

The person in charge was informed of their regulatory responsibilities and of the service needs. They had a clear vision for the service and told the inspector about how they were supporting residents to be well-connected with their communities and to ensure that their rights to autonomy, equality and dignity were upheld.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters were maintained for the centre. The inspector reviewed the rosters from May and June 2024 and saw that staffing allocations each day were in line with the statement of purpose and that there were sufficient staff rostered on to meet the needs of the residents.

The inspector was told that there were 3.5 whole-time equivalent vacancies in the staff team. Two of these vacancies had been recently filled and staff members were due to start in the coming months. In the interim, the inspector saw that gaps in the roster were filled by a panel of regular relief staff.

The inspector met one of the relief staff on duty. They told the inspector of the structures in place to ensure that they were made aware of the residents' needs and of their responsibilities on commencing shift. The staff told the inspector about the handover which was completed and an induction booklet which was available for relief staff.

The inspector saw that residents were familiar with the relief staff on duty and appeared happy to be in receipt of support from them.

While there were a number of vacancies in the centre, the inspector found that the contingency arrangements were being effective in supporting continuity of care for the residents.

The Schedule 2 files for two staff were reviewed by the inspector. These were found to contain all of the information as required by the regulations, including for

example, an up-to-date Garda vetting disclosure for each member of staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory training in this centre which was ensuring that staff had the required skills and competencies to ensure the quality and safety of care for the residents. A training matrix was maintained and was reviewed by the inspector. The inspector saw that all staff were up to date in training in key areas including fire safety, managing behaviour that is challenging and safeguarding.

In addition to the mandatory training, the person in charge had facilitated staff to receive training in other areas in line with residents' assessed needs. For example, staff had received training in dementia and Lámh to support residents who had dementia diagnosis and communication needs. Staff had also received training in a human rights-based approach to care.

Staff spoken with were aware of their roles and responsibilities and told the inspector that they felt well supported in their roles. Staff were in receipt of regular support and supervision through monthly staff meetings and individual supervision sessions. The inspector reviewed the records of the staff meetings from February, March and April 2024 and saw that these were used to discuss residents' needs, safeguarding issues and to support staff to engage in reflective practice and consider their future training needs.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected insurance policies against injury to residents or loss or damage to property. Copies of these insurance certificates were submitted with the application to renew the centre's certificate of registration and were reviewed by the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre. The

centre was staffed by a team of healthcare assistants and social care workers who reported to the person in charge. Staff spoken with were informed of their particular responsibilities and could clearly describe how they would escalate risks to the person in charge or other key stakeholders, such as the designated safeguarding officer. A schedule of local audits was in place. These audits were completed by the person in charge and senior staff members. These included audits in areas such as infection prevention control, medication management and fire safety and supported the person in charge in having oversight of the safety of care.

The person in charge was supported in their role by residential co-ordinator and a programme manager. There were systems in place to ensure that the person in charge could escalate risks to the provider level. For example, formal designated centre meetings were held monthly where the service needs were reviewed by the person in charge and service managers.

The provider had completed regular six-monthly unannounced visits which reviewed the quality and safety of care, along with an annual review of the quality of care which was completed in consultation with the residents. The inspector reviewed the most recent of the last two six-monthly audits and the annual report from 2023. These were seen to be very comprehensive and clearly identified areas of good practice along with areas for improvement. Where actions were required to ensure regulatory compliance or to enhance the quality and safety of care these were put on to a quality enhancement plan. The inspector reviewed the quality enhancement plan and read that many actions were completed or were in progress. This demonstrated that the audits and quality enhancement plan were effective in driving service improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy and an easy-to-read complaints procedure. The complaints policy had been reviewed and updated within the past three years as required by the regulations. The easy-to-read complaints procedure was available in a prominent place in the designated centre where it could be accessed by residents.

The inspector asked one resident about the complaints procedure. The resident told the inspector that they knew who to talk to if they had a complaint. There were no open complaints in the centre at the time of inspection. The inspector reviewed the feedback folder and saw that there were three compliments received by family member in respect of the quality of the service.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. This inspection found that residents in this house were in receipt of a very good quality and safe service which was supporting them to live full and active lives. Residents were seen to have choice and control in directing the delivery of their care and support. There were some enhancements required to the fire management systems in the centre. For example, fire certificates required to demonstrate that the fire alarm and emergency lighting had been serviced and were in working order were not available for the inspector to review. Therefore the inspector could not be assured that there were adequate fire detection systems or emergency lighting to support safe evacuations in place. However, the inspector found that residents were informed of the fire evacuation procedure and that fire drills had demonstrated that residents could be evacuated in a safe and timely manner.

The designated centre was seen to be very homely and comfortable. In particular, residents' bedrooms were very personalised and well-maintained. Works were underway in two bathrooms in order to make these more accessible to the residents. Residents told the inspector that they were looking forward to these works being completed and that they had chosen the colour schemes for the bathrooms. Communal areas of the designated centre required upkeep, for example walls required painting and the carpet in one hallway was discoloured. Residents overall appeared proud of their homes and one resident was seen having peers from their day service over to engage in a baking activity. Residents were free to receive visitors in line with their individual wishes.

Residents were seen to live busy and active lives on the day of inspection. Some residents accessed day services while one resident was supported to engage in preferred activities from their home. The inspector saw that there were sufficient staff on duty to support residents to engage in activities of their choosing.

The inspector reviewed two of the residents' files and saw that they each had up-to-date and comprehensive individual assessments and care plans. The assessment and care plans were informed by the residents and clearly reflected their individual preferences regarding their care. Communication care plans were also in place and detailed how staff should support residents to ensure that they could make informed decisions and have autonomy in their daily lives. Residents were seen to have access to required communication aids and appliances and staff were informed of how to support residents in using these.

There had been a number of peer-to-peer incidents of concern in recent months in the centre. The inspector saw that these had been responded to in line with the provider's safeguarding procedure and national policy. Safeguarding plans were implemented and staff were informed of these. Additionally, the provider had conducted a safeguarding review, in consultation with the residents. This review provided information on the compatibility of residents. Overall, the review found that

residents were happy in their home and with the living arrangements. Residents told the inspector that they were happy in their home.

Regulation 10: Communication

The inspector reviewed the files of two residents and saw that these residents each had a communication care plan which had been informed by a speech and language therapist. The communication care plan reflected residents' communication strengths and needs and detailed how staff should best support residents to communicate.

Staff in this centre had received additional training in communication. Staff spoken with told the inspector of how they supported residents to understand information and to make informed decisions and to ensure autonomy and control in their daily lives.

One resident had recently commenced using an augmentative communication device. The inspector saw that this device was available to the resident and was charged and ready for use. Staff were informed of how to support the resident to use their communication device.

The inspector found that there was a culture of listening to residents in this designated centre, and ensuring that residents' voices directed the delivery of care. Residents had access to advocacy services to ensure that they were supported to advocate for their rights where required.

Judgment: Compliant

Regulation 11: Visits

Residents in this centre were free to receive visitors to their home in line with their wishes. This was detailed in the centre's statement of purpose and residents' guide. The residents had sufficient space to receive visitors. The inspector saw, on the day of inspection, that one resident enjoyed having their peers from day service to their apartment to bake together.

Judgment: Compliant

Regulation 17: Premises

The designated centre was seen to be designed and laid out to meet the assessed

needs of the current residents. There was suitable availability of required equipment including shower trolleys, height adjustable beds and sensory equipment in order to meet residents' needs in a safe and dignified manner. Works were underway in one of the bathrooms at the time of inspection to enhance the bathroom facilities and to ensure that these were accessible to the residents.

The residents' bedrooms were seen to be very clean, comfortable and well-maintained. They had been personalised in line with residents' individual tastes. Two residents showed the inspector their bedrooms and appeared proud of them. One resident showed the inspector how they had plenty of storage for all of their clothes and belongings. The other resident showed the inspector how their CDs, photographs and posters of their interests were carefully stored and displayed. This resident also showed the inspector photographs of their family members, including photographs of loved ones who had passed on. These photographs were clearly highly valued by the resident and were framed and well-cared for.

One of the residents gave the inspector a tour of the communal areas of their apartment which they shared with another resident. The inspector saw that residents had access to a sitting room and kitchen, two bathrooms and a utility room. The inspector saw that upkeep was required to the communal areas including, for example, painting of walls and ceilings, and cleaning or replacing the carpet in the hall which was stained.

The resident who lived in the second apartment had gone out for the day during the inspection. The inspector completed a walk around of this apartment with the person in charge. The inspector saw that this resident had access to a large bedroom which was personalised and contained a variety of sensory materials and toys. The inspector was told that the resident enjoyed sensory equipment and that this was also an effective strategy in reducing the residents' distress during transition periods. The resident also had access to a bathroom and kitchen and sitting room.

In this apartment, the inspector saw that some upkeep was required to the flooring. Parts of the flooring in the sitting room were damaged and had the potential to pose an infection prevention and control (IPC) risk and to become unsightly if not attended to.

Overall, the inspector found that residents' bedrooms were comfortable and well-maintained and that the provider was completing works to enhance the accessibility of bathroom facilities. However, upkeep was required to the walls, ceilings and flooring in communal areas in both apartments.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place in the designated centre. This was reviewed by the

inspector and was found to contain all of the information required by the regulations, including for example, the complaints procedure and information on the services and facilities provided for in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were generally effective fire management systems in the centre. The inspector saw that the designated centre was fitted with smoke detectors, fire extinguishers and door closers on internal fire doors. An emergency plan was in place which clearly detailed the fire evacuation arrangements. There were up-to-date personal evacuation plans for each resident which detailed the supports required to evacuate the residents in the event of an emergency. Regular fire drills took place which demonstrated that residents could be evacuated in a safe and timely manner.

The inspector spoke to one resident regarding the fire evacuation arrangements. The resident told the inspector of the procedure to be followed on hearing the fire alarm and of the location of the fire assembly point.

There were two areas in relation to fire risk management which required review by the provider. Firstly, the inspector saw that two of the intumescent door seals had been painted over on fire door architraves. This potentially rendered these seals ineffective. Secondly, the provider was unable to provide copies of the fire certificates to show that the fire panel and emergency lighting had been serviced. The inspector was told that these were issued to the provider's housing association. The provider was afforded additional time to submit copies of the documents to the regulator subsequent to the inspection. However, these documents had not yet been received at the time of writing the report.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' individual assessments and care plans which were maintained in the designated centre. The inspector saw that each resident had an up-to-date individual assessment which had been informed by the resident and the multidisciplinary team. Residents had also been supported, as part of the annual review of their individual assessment, to set person-centred goals for the year and a tracking system was in place to monitor achievement of these goals.

Care plans had been implemented in respect of residents' assessed needs and

provided clear guidance to staff on meeting residents' needs in a person-centred manner. Care plans detailed residents' personal preferences in relation to their care and support and steps to ensure residents' autonomy and dignity.

Judgment: Compliant

Regulation 8: Protection

The provider had implemented policies and procedures in respect of the safeguarding of residents. A standard operating procedure for the safeguarding of vulnerable adults had been implemented by the provider since April 2024. The inspector reviewed this procedure and saw that it was aligned to the national policy and detailed the roles and responsibilities of all staff in ensuring that residents were safeguarded from abuse.

All staff in this centre were up to date in safeguarding training. The inspector spoke to one staff who had a clear understanding of their safeguarding responsibilities and of how to report any safeguarding concerns.

The provider had commissioned a safeguarding review in recent weeks in respect of a number of recent allegations of peer-to-peer abuse in the centre. The safeguarding review was completed by the designated officer and, in consultation with key stakeholders including the residents, explored if there were any ongoing risks relating to peer compatibility in the centre. The review concluded that there were no issues of concern regarding the suitability of the residents' living arrangements.

The inspector saw, in reviewing two residents' files, that these residents had clearly detailed and person-centred intimate care plans on file. These plans had been recently reviewed and updated and reflected residents' preferences in relation to the provision of intimate care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 3 OSV-0005785

Inspection ID: MON-0035157

Date of inspection: 27/06/2024

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Updated floor plans outlining the use of each room in the location have been submitted to the Authority.</p> <p>The required amendments have been made to the Statement of Purpose and submitted to the Authority.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has linked with the SJOG Housing Association regarding the areas outlined. Works to be scheduled and completed by end of January 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All required fire panel and emergency lighting certificates have been provided to the Authority.</p>	

The intumescent door seals will be replaced on the door frames where they have been painted over. Works on this matter to be scheduled and completed by end of October 2024.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/01/2025
Regulation 28(2)(b)(iii)	The registered provider shall	Substantially Compliant	Yellow	30/10/2024

	make adequate arrangements for testing fire equipment.			
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