



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangebeg
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	15 December 2022
Centre ID:	OSV-0003621
Fieldwork ID:	MON-0029628

## About the designated centre

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

Grangebeg Camphill Community is a residential service for up to 13 men women over the age of 18 with intellectual disabilities. According to the centre's statement of purpose people live, learn and work with others in healthy social relationships based on mutual care respect and responsibility. The designated centre consists of two, three storey premises on a campus. Each of the houses have a number of private and communal spaces. Residents have access to gardens and plenty of outdoor spaces and the centre is based on a farm, which is situated in a rural part of Co. Kildare. Support is provided 24 hours a day, seven days a week by a team comprised of a person in charge, social care workers, social care assistants, and volunteers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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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
Thursday 15 December 2022	10:10hrs to 15:20hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was completed to inform the registration renewal of this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The provider was recognising residents' changing needs and responding appropriately. They had systems in place to monitor the quality of care and support for residents, and these were found to be proving effective at the time of this inspection.

There were twelve residents living in the centre at the time of the inspection. The inspector of social services had the opportunity to meet and briefly engage with six residents during the inspection. The inspector also had the opportunity to speak with one resident on the phone the day after the inspection, at their request. In addition, eight residents completed, or were supported by staff to complete questionnaires in advance of the inspection in relation to care and support in the centre.

A number of residents had gone to another farm owned by the provider for the day. They were collecting some animals so that they could care for them over the Christmas period. Other residents were gone to day services, and a number of residents had appointments on the day of the inspection.

Residents who spoke with the inspector were complimentary towards care and support in the centre. They were particularly complimentary towards the staff team, their access to activities, and food in the centre. In one of the houses there were three residents at home when the inspector visited. They described what it was like to live in the house, how much they enjoyed sharing their home with their peers, and how well supported they were by staff. They talked about how they liked to spend their time, and about the important people in their lives. One residents told the inspector what they would do in the event of a emergency, such as a fire and they showed the inspector their room which they had designed and organised the way they liked it.

A Christmas party had been held in the hall beside the houses the day before the inspection. A number of residents talked about how much they enjoyed it. They talked about how nice the food was, and about giving and receiving presents. One resident spoke about another Christmas party they were going to later that day, for the weekly class that they attend. They also spoke about a "big birthday" they were having in 2023 and their plans to have a party, with music, food and dancing.

A number of residents spoke about how good the staff were in the centre. They talked about how they felt that staff really listened to what they had to say. They said they knew who to go to if they had any concerns or complaints. For example, one resident spoke about times when they did not feel fully safe in the centre. They spoke about how supportive they found staff during this time, and how useful they found the complaints process. Examples of what residents said to the inspector

about staff included, "the staff here are fabulous", "I get on well with the staff", "I would be lost without the staff", "staff always make time for people", and "I have great fun with staff". Residents also indicated in the questionnaires that they were happy with the support they received from staff. They included comments such as, "staff are nice to me", "the staff are good", "I am happy with staff", "I am very happy with the staff", "I love the staff", and one resident said they liked where they lived "because of the staff". They indicated they were aware of the complaints process, and for those who had used it they indicated they were listened to and that using the process had helped.

Residents spoke about how busy they were on the farm, doing activities in their home, and spending time in their local community. One residents spoke about representing their peers on an advocacy group which also had members from other designated centres run by the provider across the country. They talked about how being part of this group had helped them when advocating for their peers, and for themselves. They spoke about plans to get involved in the interview process for volunteers in the future. They spoke about how much they were looking forward to getting training and learning more about the interview process.

In the questionnaires completed in advance of the inspection, feedback was mostly positive in relation to the houses, staff, and care and support. Residents indicated they had lived in the centre for between three and 16 years. They indicated they were happy with the comfort and warmth of their home, and their access to shared spaces, gardens and outdoor areas. One resident described their home as "nice and tidy". Most residents said they would not change anything about their home but a small number of residents said they would like some changes in relation to shared spaces and bathrooms in the centre. From speaking with staff, and reviewing documentation these changes were planned in line with residents' wishes.

Residents indicated that they were happy with their bedrooms, food and mealtimes, visiting arrangements and how their rights were respected. They also indicated they were happy with their access to activities in the centre, and outside the centre. They listed a number of activities they regularly enjoyed including, pottery, weaving, computer courses, going to concerts, getting a take away, working in the farm, drama workshops, gardening, going out for drinks and food locally, swimming, walking, shopping, cooking and baking, and going to the cinema.

Residents and their representatives input was being sought by the provider as part of their annual review of care and support for the centre. In the 2021 annual review residents and their representatives indicated they were happy with care and support in the centre. Residents indicated they were happy, busy and enjoying taking part in the day-to-day running of their home. One residents' representative said they were happy with the care their family member received, but were concerned with the staff turnover and requested better communication with families by the provider.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The provider was self-identifying areas for improvement and implementing the required actions to bring about improvements in relation to residents' care and support, and in relation to their home. Some improvements were required in relation to staffing numbers and to the premises.

The person in charge had commenced in their role since the last inspection and was found to have systems in place to monitor the quality of care and support for residents. They were based in the centre and visiting each of the houses regularly. They were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities. They person in charge was supported in their role by a team leader and a person participating in the management of the designated centre (PPIM). They were also found to be familiar with residents' care and support needs and motivated to ensure they were happy and safe in their homes.

The provider had systems for monitoring the quality of care and support for residents including audits in the areas, an annual of care and support, and six monthly reviews. These were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress at the time of the inspection.

There were a number of staff vacancies but this was not found to be impacting on residents' continuity of care and support as regular staff were completing additional hours, and relief staff were completing the remaining shifts. However, in line with the findings of the last inspection these vacancies needed to be filled in order to ensure the ongoing continuity of care and support for residents. The inspector acknowledges that the provider had an ongoing recruitment drive and had held numerous interviews.

There were four volunteers living and working in the centre at the time of the inspection. A number of residents and staff spoke about the positive contribution they were making by spending time with residents and supporting them to take part in activities they enjoyed.

Staff had completed training and refresher training in line with the providers policies, and residents' assessed needs. A number of staff spoke with the inspector about the positive impact of training in ensuring that they were providing person-centred services, and safe supports for residents. Staff were also in receipt of regular formal supervision by appropriately qualified and experienced personnel.

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge had commenced in their post a number of months before the inspection. They were found to have the qualifications, skills and experience to fulfill the role. They were present in the houses regularly and residents who spoke with the inspector were familiar with them and aware they could speak to them if they had any concerns relating to their care and support.

They had systems in place to support staff, and to complete formal supervision with them. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and engaging in activities they found meaningful.

Judgment: Compliant

## Regulation 15: Staffing

While the provider had successfully recruited to fill a number of key posts in the centre such as the person in charge and a team leader since the last inspection, there were six staff vacancies at the time of the inspection.

The provider was actively recruiting at the time of the inspection, interviews had been held and more were planned in January 2023. While recruiting, they were ensuring continuity of care and support for residents through the use of regular relief staff and through regular staff completing additional hours.

There were planned and actual rosters in place and they were well maintained. Staff files were well maintained and the sample reviewed contained the information required by the regulations.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

Improvements were noted in relation to staff's access to and uptake of training and refresher training since the last inspection. They were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. For example, in response to residents' changing needs the provider had recently supported staff to complete a number of additional training programmes.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they supported and aware of their roles and responsibilities. A number of staff were complimentary towards the support they received from other members of the team, and from the management team.

Judgment: Compliant

## Regulation 19: Directory of residents

There was a directory of residents in place which contained the required information, and which was being kept up-to-date.

Judgment: Compliant

## Regulation 21: Records

The required records were maintained in the centre. They were kept secure but readily available for review during the inspection.

The provider had implemented a number of systems in the centre over the last number of years and these were proving effective in ensuring that records were up to date, of a good quality, and accurate. A number of staff described the positive impact that these systems had made on the day-to-day running of the centre. They had a clear understanding of the importance of good record keeping for improving communication, supporting the delivery and continuity of care and support for residents, identifying risks, and safeguarding residents.

Judgment: Compliant

## Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

As previously mentioned, the provider had implemented a number of systems which had led to improved oversight and monitoring in the centre. Staff had clearly defined roles and responsibilities and the lines of accountability and authority were clear. Their audits and reviews were picking up on areas for improvement and driving positive changes in relation to residents' care and support and in relation to their homes.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available in the centre. It contained the required information and was being regularly reviewed.

Judgment: Compliant

### Regulation 30: Volunteers

There were four volunteers living and working in the centre at the time of the inspection. They had their roles and responsibilities in writing and were in receipt of regular supervision and training appropriate to their role and level of involvement in the centre.

They were not directly involved in supporting residents with their intimate and personal care, but were spending time with residents and supporting them to engage in activities they enjoyed both at home and in their local community. They had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Person) Act 2012.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and from the sample reviewed the provider was notifying the Chief Inspector of Social Services of the required incidents in line with the requirements of the Regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had a complaints policy in place. This was available in a user-friendly version which was on display in each of the houses. There was a local complaints officer and their picture was also on display in the houses.

The provider had a complaints tracker in place which was detailed in nature and recorded complaints, the actions taken, preventative actions, and corrective actions. There was an appeals process in place and complaints were being reviewed and responded to in a timely manner. The satisfaction levels of the complainant was recorded and the availability of independent advocacy, and external review of complaints was detailed in the complaints policy and procedures. From the sample reviewed, it was evident that complaints were bringing about changes in terms of residents' care and supports.

The inspector found from speaking with residents and staff, and a review of documentation that there was a culture of continuous improvement in the centre, where complaints were being used to plan and review services.

Judgment: Compliant

## Quality and safety

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time.

Overall, both premises were found to be warm, clean, and homely. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. Residents were observed during the inspection to spend their time in their preferred spaces. Residents' bedrooms were personalised to suit their tastes. Photos and art work were on display throughout the houses, and soft furnishings contributed to home homely and comfortable the houses appeared. The

provider was aware that there were areas where maintenance and repairs were required. These had been reported and plans were in place to complete the required works.

Residents had their personal, health and social care needs assessed. They had personal plans in place, and care plans were developed and reviewed as required. Residents also had person-centred plans in an easy-to-read format which included their goals, likes, dislikes, important people in their lives, important places to them, their favourite activities, their supports, their health and safety, their community, things they want people to know, and their proud moments.

Residents had access to medical and allied health professionals in line with their assessed needs. They were meeting with their keyworkers regularly, and many topics were discussed at these meetings including, money management, my goals, my hopes and dreams, my home, my circle of support, problems or issues, complaints, and any other topics residents wished to discuss. From reviewing a sample of the record of these meetings, residents were openly discussing their worries and concerns, what was going well for them, and things they would like to do in the future.

Residents who required support to manage their behaviour had assessments and plans in place. From a sample of these reviewed they were found to be detailed in nature and clearly guiding staff in relation to any supports residents may require. Residents had access to allied health professionals in line with their assessed needs. In the months prior to the inspection there was an increase in the number of incidents relating to residents' responsive behaviours. However, the provider had responded by implementing a number of additional control measures to support residents, which were now proving effective. There were a number of restrictive practices in place and evidence that these were being regularly reviewed to ensure they were the least restrictive, for the shortest duration.

Residents were protected by the safeguarding policies, procedures and practices in the centre. There had been an increase in the number of allegations of abuse in the months preceding the inspection. The Chief Inspector of Social Services had issued a provider assurance report at the time, and in their reply the provider outlined a number of responsive actions they had taken to support residents. As a result of the control measures implemented, there had been a significant reduction in the number of allegations of abuse in the centre.

Residents' and keyworker meetings were occurring regularly. They were recording their preferences in relation to how they make their choices and decisions in their personal plans. They had access to information about their rights and the availability of advocacy services. Residents who spoke with the inspector about the things they like to do around their home and on the farm. They spoke about making choices around what they did, and how they spent their time.

## Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The two houses were spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection. However, works were required to a number of bathrooms including painting and repairs. Some works had been completed, some were in progress at the time of the inspection, and more were planned.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the required information including, a summary of the services and facilities provided for residents, the terms and conditions of residency, arrangements for residents' involvement in the running of the centre, how to access inspection reports, and the procedures for complaints and visitors.

Judgment: Compliant

### Regulation 28: Fire precautions

There was suitable fire equipment provided and it was serviced as required. There were adequate means of escape, including emergency lighting. The procedure for the safe evacuation of the centre was on display. Each resident had a personal emergency evacuation plan in place which detailed the supports, if any, they needed to safely evacuate the centre in the event of an emergency.

Staff had completed fire safety awareness training and fire drills were being completed regularly. Issues identified during drills were being followed up on, and the relevant documentation updated following drills. Repeat drills were being completed and the learning from previous drills used to inform these drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these were regularly discussed at meetings between residents and their keyworkers.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that the provider was recognising residents' changing needs and responding appropriately by completing the required assessments and supporting residents to access allied health professionals in line with their assessed needs. Resident had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other allied health professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that the provider was promoting a positive approach in responding to behaviours that challenge, and ensuring that specialist and therapeutic interventions were being implemented. Residents had access to medical and allied health professionals in line with their assessed needs. Residents were encouraged and supported to express their feelings and provided with the required supports to deal with any issues that were impacting on their emotional wellbeing.

Those who required them, had support plans in place which were detailed in nature and guiding staff in relation to supports they may require to manage their responsive behaviours. Staff who spoke with the inspector were aware of how to support residents in line with these plans, and plans were in place for a number of staff to complete further training in the area in January 2023.

There were a number of restrictive practices in the centre and these were being

reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents were involved in decision making relating to the use of restrictive practices, and their consent was being sought in relation to their use. The impact of restrictions was considered for each resident living in the centre.

Judgment: Compliant

### Regulation 8: Protection

There had been an increase in the number of allegations of abuse in the centre in the months preceding the inspection. The Chief Inspector had sought assurances from the provider at this time, which were provided. In response to allegations of abuse, the provider was following up on them in line with the organisation's and national policy. They were supporting residents and developing and reviewing safeguarding plans regularly. Where they found that control measures were not proving effective, they were reviewing and changing these. They were found to be recognising the impact of safeguarding concerns for residents, and responding appropriately.

Staff had completed safeguarding training and there was more bespoke safeguarding training planned for staff in this centre in January 2023. Staff who spoke with the inspector were aware of their roles and responsibilities in recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every day in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day running of the centre.

Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Camphill Community Grangebeg OSV-0003621

Inspection ID: MON-0029628

Date of inspection: 15/12/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The provider is currently in the process of organizing advertising on local radio stations and local news outlets for a recruitment drive that is booked in a local hotel in Naas on 23/01/2022. On the spot interviews will be carried out with potential candidates.</p> <p>The provider is also advertising all vacant posts via an internal recruitment software system.</p> <p>CCoI's internal relief panel is being utilized to cover shifts where vacant posts pose gaps in rosters. This ensures continuity of care for all residents.</p> <p>In the event that shifts cannot be filled internally, CCoI have contacts with agencies that supply CCoI with staff to cover.</p> <p>CCoI have a set of requirements that candidates must possess in order to be successful in applying for the vacant roles.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The registered provider has set out a detailed plan of scheduled works that need to be completed on the premises.</p> <ul style="list-style-type: none"> <li>• Floor paint in Ard Glas and Ard Keen bathrooms will be completed by the 12/01/2023.</li> <li>• Contractor is to replace broken tiles on walls within the bathroom floor schedule.</li> </ul> <p>Expected completion date 20/01/2023 .</p>	

- Painter is currently completing required works within the community.
- Plumber is currently looking at upgrading the current heating system and meeting with plumber on site 12/01/2023

Weekly meetings occur between the Maintenance Department, PIC and Senior Management team to discuss updates on the completion of works, any challenges/delays endured and identify alternative solutions.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2023
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	30/03/2023