



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

Issued by the Chief Inspector

Name of designated centre:	Highfield House
Name of provider:	The Rehab Group
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	05 September 2023
Centre ID:	OSV-0002669
Fieldwork ID:	MON-0041413

About the designated centre

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

Highfield House is located close to a town in Co. Longford and comprises of one large two-storey dwelling. The centre provides residential care for up to five male and female adults with disabilities and other healthcare related needs. Each resident has their own bedroom. Communal areas include a sitting room, a fully equipped kitchen, a dining room, a relaxation room, a number of bathroom facilities, a utility room and a secure garden area. There is also an office for staff and a large private garden to the front and rear of the property with adequate space for private parking. There is a separate area linked to the main house and accessible through the utility room and through a separate front door, which is used for day programmes for some residents. This area contains an activities room, kitchen/dining area and a sensory room upstairs. The centre is staffed on a 24/7 basis by a person in charge, a team leader and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 September 2023	09:30hrs to 16:50hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this service appeared happy and settled in their home and were supported to lead lives based on their individual choices and preferences.

However, the governance and management arrangements were not effective in ensuring the service provided was safe or appropriate to the needs of the residents. and, the auditing process required urgent review as actions arising from audits were not being addressed in a timely manner.

On arrival to the centre the inspector saw that significant construction works were ongoing to the external part of the premises. Staff explained the reason for these works was due to an oil leak under the premises. Staff stated that an external company had been drafted in to rectify the issue. Secure fencing was placed around the perimeter of the house so as to ensure residents could not access any area under construction. It was also observed that three fire exits were locked from inside the premises as they led directly out onto the external construction works. This was of concern to the inspector as on the morning of this inspection, no documentary evidence or risk assessment was available to determine if the house was safe for residents to live in while these significant external construction works were ongoing.

Additionally, the risks associated with locking off a number of fire exits had not been adequately reviewed, assessed or managed in line with the organisations own policy or fire fact file on fire safety. Because of this, immediate actions were issued and assurances sought from the regional manager that it was safe for residents to live in the centre while this construction work was underway and with three fire exits being locked.

This inspection had originally been scheduled as a routine monitoring inspection however, due to the issues identified above, it was changed to a risk based inspection. These issues are discussed in more detail in Section 2 of this report: Capacity and Capability and Section 3: Quality and Safety.

All five residents were in the house on the morning of the inspection. Some said hello to the inspector and all appeared in good form. Staff were also observed to be kind and caring in their interactions with them.

Three residents attended a day service where they engaged in social, recreational and/or learning activities of their choosing. The team leader explained to the inspector that the residents liked to go swimming, horse riding, use computers, go for meals out and for drives and walks.

The other two residents had a bespoke day service facility provided from their home. On the morning of the inspection they were getting ready to go out for the

day with staff support and appeared to be happy with their planned activities. It was also observed that a number of the residents had recently availed of a short holiday break with staff support and the team leader said that they really enjoyed this experience.

The inspector was still in the house in the evening time when the residents arrived back from their various activities. Staff were observed to welcome the residents back home and asked them how their day went. Residents walked about the kitchen area with staff and the inspector observed that they appeared comfortable and happy in the company and presence of staff. One resident wanted to do some reading and a staff member sat with them and supported them with this activity.

The inspector viewed a sample of feedback and compliments on the service from a number of family members. They expressed gratitude to the management and staff team and were delighted that their relatives got to go on a recent short holiday break. One family member said that staff supported their relative in a person centred manner and they had no issues with the service. They also reported that staff paid great attention to the residents.

Another family member said staff were excellent and that residents were well looked after during the COVID-19 pandemic. A third family member said that the staff went above and beyond and ensured residents got to go on day trips, meals out, shopping and that birthdays were always celebrated. They also reported that their relative was happy living in the centre.

The house was observed to be spacious and homely and residents were observed to be relaxed and comfortable in their surroundings. Each resident had their own bedroom which were decorated to their individual style and preference. However, a number of issues were identified with the upkeep and maintenance of the premises which resulted in non-compliance in regulation 17: premises and regulation 27: protection against infection.

All of the above issues are discussed in more detail in the next two sections of this report.

Capacity and capability

While residents appeared happy and content in their home, the governance and management arrangements required review as they were not effective in ensuring the service provided was safe or appropriate to the needs of the residents. Additionally, actions arising from the auditing process were not being addressed in a timely manner.

The centre had a clearly defined management structure in place which was led by a person in charge. They were employed on a full-time basis with the organisation and were a qualified social care professional with a number of years experience of

working in and managing services for people with disabilities. They were on leave at the time of this inspection however, the team leader and regional manager were on site. The team leader demonstrated a very good knowledge of the needs of the residents.

A review of a sample of rosters indicated that for the most part, there were three staff on duty each day and one waking night staff on each night as described by the team leader. However, the statement of purpose required review and updating as this reported that there were four staff on duty each day.

As already identified, the governance and management arrangements required review so as to ensure the service provided to the residents was safe and appropriate to their needs.

For example, the inspector could not ascertain if the house was safe for residents to live in while the significant external construction works were ongoing as no documentary evidence or risk assessment was available in the centre on the morning of this inspection to determine this. As a result, an immediate action was issued by the inspector seeking written assurances that the premises were safe. The regional manager sought the relevant documentation from the external contractors undertaking the construction works, and the head of Health and Safety of the organisation confirmed in writing that the oil spill and air quality were validated by the contractor when they installed air vents and monitors to determine the level of risk and to ensure that it was safe for residents and staff to remain on site while the works were ongoing. The results and monitoring confirmed that levels were reduced to an acceptable level. Additionally, the external contractors emailed the service the day after this inspection reporting that the indoor air quality had been and continued to be maintained at a level that was safe for the residents and staff to remain at the property, the system had been continually maintained and the indoor air quality was monitored on a weekly basis.

An immediate action and assurances were also sought that the premises were safe for residents to remain in with three fire doors being locked. Again the inspector received written assurances from the regional manager that a competent person would visit the premises on September 06, 2023 (the day after this inspection) to review the fire arrangements in place in the centre. Without this review and consultation (as required by the organisations own fire fact file and fire policy), the inspector could not determine if the current fire safety arrangements posed a risk to the residents. (This issue is discussed in more detail in the next section of this report under regulation 28: fire precautions).

Additionally, a number of actions concerning the premises arising from the auditing process were not being addressed in a timely manner.

Regulation 23: Governance and management

The governance and management arrangements required review as they were not

effective in ensuring the service provided was safe or appropriate to the needs of the residents.

On arrival to the centre the inspector noticed that significant construction works were ongoing to the external part of the premises. Staff explained that the reason for these works was due to an oil leak under the premises and, an external company had been drafted in to rectify the issue. Additionally, three fire exits were blocked off from inside the premises as they led directly out onto the external construction works.

This was of concern to the inspector and resulted in immediate actions being issued and assurances sought as no documentary evidence/risk assessment was readily available confirming the house was safe to live in while significant external construction works were ongoing and with three fire exits being blocked off.

Additionally, actions arising from the auditing process were not being addressed in a timely manner. For example the auditing process identified the following:

- three fire doors required repair (they were not closing fully when the fire alarm was activated)
- the kitchen needed updating and some kitchen presses needed repair
- the handles on the upstairs bathroom and hot press doors were broken
- the paintwork around many of the doors was of poor quality
- paint was splashed in one of the bathtubs
- a valve was broken on a downstairs bathroom radiator/rusty fittings in some of the bathrooms
- some radiators had elements of rust on them
- there was a small hole in the hallway floor

Many of these issues had been identified in the auditing process in February 2023 and again in July 2023 however, the provider had not made arrangements to address them and they remained ongoing at the time of this inspection.

It was also observed that the six-monthly unannounced visit to the centre on July 17, 2023 reported that 15 maintenance issues had been logged since April 2023 however, none had been recorded as being completed at the time of that unannounced visit in July 2023.

Issues arising from the poor upkeep and maintenance of the centre were also impacting on regulation 17: premises and regulation 27: protection against infection and are discussed later in this report.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review and updating as this document reported

that there were four staff on duty each day.

This was not the case and on a review of a sample of rosters from August and September 2023, the inspector observed that it was more regular that there were three staff on duty each day.

Judgment: Substantially compliant

Quality and safety

This inspection identified issues and non compliance with fire precautions, premises, risk management and infection prevention and control.

Fire fighting systems were in place to include a fire alarm systems, fire doors, fire extinguishers and emergency lighting. Fire fighting equipment was being serviced as required by the regulations. Staff had training in fire safety and fire drills were being conducted as required. Residents also had personal emergency evacuation on file.

However, at the time of this inspection the registered provider had not demonstrated that effective fire safety arrangements were in place. For example, a number of fire exits had been locked due to construction works being carried out on the centre and, a number of fire doors were not closing fully and required repair.

This was of concern to the inspector as the centre operated a small day service on the premises for two of the residents. The fire exit in this day service facility was one of the exits that was locked. The second nearest fire exit to this facility was also locked. Additionally, the services' fire fact file/policy explicitly stated that final emergency exit doors must not be locked under any circumstances unless special arrangements had been made with a fire authority. At the time of this inspection, these specific arrangements had not been provided for. This meant that the inspector could not determine if the fire safety precautions were adequate or safe and residents using this service (to include the day service facility) could be at risk.

Because of this, immediate actions were issued and assurances sought regarding the fire safety arrangements in place in this service. The regional manager provided written assurances on the day of the inspection that the day service facility would operate from a different part of the centre where there was a protected corridor leading residents to unhindered access to a nearby fire exit.

The team leader also assured that no issues were occurring on fire drills and residents were evacuating in a timely manner. They also reported that at night time when there was only one waking staff member on duty, the two nearest fire exits to all residents (the front door and sitting room) were fully accessible and operational. These were the fire exits that all residents would use during night time drills. The inspector observed that on the last two fire drills, residents evacuated the building in

less than two minutes and no issues were reported.

Additionally, written assurances were provided by the regional manager that a competent person would visit the centre and review all fire safety arrangements in place on September 06, 2023. The regional manager confirmed in writing the day after this inspection that a fire officer had visited the service on September 06, 2023 and completed a thorough examination of the site, fire records, and the interim fire arrangements in place while the remedial construction works were taking place.

The fire officer communicated that while three of the six normal final exit doors were not available during construction works, the escape routes from the first floor areas were not affected by this change. Additionally, occupants of the dining room had escape routes available to them in two directions, when exiting the dining room. The day-service room (to the rear of the premises) was no longer being used for the duration of the constructions works and the activities normally carried out in this room had been moved to an alternative room at the front of the building, (escape from which was not materially affected by the loss of the three exits at the rear of the building). The fire officer also reported that escape from all other ground floor areas were not materially affected by the loss of the three fire exits at the rear of the property. Additionally, the local Fire Authority had no objection to the temporary closing of the three exits at the rear of the premises for the duration of the remedial works on the building, on the condition that the day-service room continued to be unused for the duration of these works.

The regional manager also confirmed in writing that fire risk assessments and all residents' personal emergency evacuation plans had been reviewed and updated to reflect the current fire safety arrangements so as to ensure both staff and residents would know which fire doors to use in the event of a fire breaking out in the centre. Additionally, they also confirmed that all escape routes in use in the centre were clear with no obstructions.

Notwithstanding, it was observed that three fire doors required repair (they did not fully close when the fire alarm was activated) and this issue had been ongoing for over a year at the time of this inspection. The person in charge had escalated their concerns to senior management about these fire doors however, the issue had not been addressed in a timely manner and remained ongoing at the time of this inspection. This meant that the fire safety precautions regarding these fire doors were not safe and posed a risk to the residents.

Again, the inspector asked for assurances that this issue would be addressed as a priority and the regional manager confirmed in writing that all fire doors would be repaired two days after this inspection on September 07, 2023.

While the premises were found to be homely and welcoming and residents appeared comfortable and relaxed in their environment, parts of the house were not in a good state of repair and the provider had not made adequate arrangements to address these issues in a timely manner. Additionally, while menus appeared varied and nutritious, the storage areas for some food items required cleaning. It was also observed that some food items in cupboards and a fridge were out of date, while

some open foods had not been labelled with the date they were opened. These issues were impacting on the management of infection prevention and control in the centre and required addressing so as to ensure the service was in compliance with Regulation 27 which required registered providers to implement procedures consistent with the National Standards for infection prevention and control in community-based services.

While systems were in place to manage risk in the centre, the entire process of risk management required review. This was because the risks associated with the fire safety issues as highlighted in this report, had not been adequately reviewed, assessed or treated in line with the organisations own policy/fire fact file on fire safety. Additionally, the inspector could not determine if the house was safe for residents to live in while the significant external construction works were ongoing as no documentary evidence or risk assessment was available in the centre to determine this on the morning of this inspection.

Regulation 17: Premises

While the premises were found to be homely and welcoming and residents appeared comfortable and relaxed in their environment, parts of the house were not in a good state of repair and the provider had not made adequate arrangements to address these issues in a timely manner. For example:

- three fire doors required repair (this issue was ongoing for a year)
- the kitchen needed updating and some kitchen presses needed repair (the inspector observed that there was no panelling in place for one kitchen cupboard and two doors of another cupboard were being held together by tape)
- the handles on the upstairs bathroom and hot press doors were broken (the handle on the bathroom door had been broken for some time and the inspector found it on the floor of the bathroom)
- the paintwork around many of the internal doors was of poor quality and needed redoing (as highlighted in audits of the centre in February and July 2023)
- paint was splashed in one of the bathtubs
- some radiators had elements of rust on them/there were rusty fittings in some bathrooms
- there was a small hole in the hallway floor.

Additionally the inspector also observed the following:

- the sink in the utility room required attention
- filing cabinets and presses (one which was broken) were being inappropriately stored in a downstairs bathroom
- the use of the sensory room required review as this was also being used for the storage of PPE

- some of the hand towel rails and toilet roll holders in bathrooms were broken
- a seat in one of the toilets needed repair
- there was a hole in the wall of one of the residents bedrooms.
- much of the house required painting
- the handle on the oven in the apartment area of the house was broken
- the light in the kitchen area of the apartment needed replacing
- the back of a seat in the room used as a day service was broken.

A number of these issues had been highlighted in audits of the centre in February and July of 2023 however, many of them remained ongoing at the time of this inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

While menus appeared varied and nutritious, the storage areas for some food items in the apartment area of the centre required cleaning.

It was also observed that some food items in cupboards and a fridge were out of date, while some open foods had not been labelled with the date when they were opened.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

While systems were in place to manage risk in the centre the entire process of risk management required review. This was because the risks associated with the fire safety issues highlighted in this report, had not been adequately reviewed in line with the organisations own fire fact file/policy. For example:

- The risks associated with locking three fire exits had not been adequately assessed or reviewed in the centre. The centres fire policy/fire fact file explicitly stated that final exits must never be locked under any circumstances unless special arrangements had been made with a fire authority and this had not been provided for. This meant that the inspector could not determine if the current fire safety precautions relating to these fire exits were safe and residents using this service could be at risk.
- The inspector could not determine if risks to the residents, staff and visitors associated with the external construction works taking place in the centre had been adequately mitigated as the relevant documentation/risk assessment was not on site or readily available. The inspector had to request a copy of

this risk assessment on the morning of the inspection and did not receive the document until mid afternoon.

Judgment: Not compliant

Regulation 27: Protection against infection

A number of ongoing maintenance issues as highlighted earlier in this report were impacting on the ability to clean the premises adequately.

Additionally, the inspector observed that the storage space for food in the apartment area of this centre required cleaning as did the bin in the kitchen of the apartment (it was being used without a bag).

There were stains on the curtains in the sitting room as well as on the windowsill.

It was difficult to clean the kitchen presses as one was broken and another was being held together by tape.

Many of these issues had been highlighted in the last two unannounced visit/audits of the centre in February and July 2023 however, the provider had not made adequate arrangements to address them.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not ensured that effective fire safety arrangements were in place in line with their own policy and procedures.

For example, a number of fire exits had been locked due to construction works being carried out on the centre. However, the services' fire fact file/policy explicitly stated that final emergency exit doors must not be locked under any circumstances unless special arrangements had been made with a fire authority. At the time of this inspection, these specific arrangements had not been provided for. This meant that the inspector could not determine if the fire safety precautions were adequate or safe and residents using this service (to include the day service facility) could be at risk.

Three fire doors were not closing properly when the fire alarm was activated and required repair. The person in charge had escalated their concerns to senior management about these fire doors however, the issue had not been addressed in a timely manner and remained ongoing at the time of this inspection. This meant that the fire safety precautions regarding these fire doors were not safe and posed a risk

to the residents.

Additionally, personal emergency evacuation plans had not been updated to inform which emergency exits the residents would use on fire drills (to include night time drills)

It was also observed that the emergency lights were due to be serviced.

Overall, at the time of this inspection, aspects of the fire safety precautions were not meeting the requirements of the regulations and because of this, residents using this service were at risk.

Judgment: Not 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Highfield House OSV-0002669

Inspection ID: MON-0041413

Date of inspection: 05/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has set up a Governance and Oversight Committee in place in respect of this service, the group includes the PIC, PPIMs and senior staff from the Quality & Governance Directorate. This group will meet monthly to review progress of this compliance plan and address any issues as they arise until all actions in this compliance plan have been completed. Most recent meeting of the group took place 18/09/2023. The next meeting will take place on 11/10/2023. • The Provider's Board has been supplied with a copy of this inspection report and will be updated at regular intervals until all actions relating to non-compliances are complete. • The actions arising from this compliance plan will be tracked on an online action tracking system and status of actions will be provided to the CEO, Director of Operations and the Director of Quality & Governance on a monthly basis. • The Regional Manager (PPIM) is currently present on site in the service on a weekly. This will continue for the foreseeable future. • Meetings took place on 21/09/2023 and 26/09/2023 between the Residential Services Manager (PIC), Regional Manager (PPIM) and the Housing Association Property Manager. As a result of these meetings a plan with timelines has been put in place to address property related issues identified in this report. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Statement of purpose will be updated and reviewed to reflect current staffing levels; 	

this will be completed by 30/09/2023.

- Current staffing levels will be reviewed with a view to increasing staffing levels to four on some evenings during the week. Once in place the SoP will be updated to reflect this. This will be completed by 31/12/2023.

Regulation 17: Premises

Not Compliant

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

- The housing association completed an on-site survey of the house on 20/09/2023. The purpose of this survey was to review works required.

The following is a summary of works that have been or will be complete:

- Repair of three fire doors (not closing fully when fire alarm was activated) was completed on 07/09/2023.
- Contractor has been engaged to complete kitchen updating and repair of kitchen presses. To be completed by 30/11/2023.
- Contractor has been scheduled to replace handles on upstairs bathroom and hot press doors. To be completed by 02/10/2023.
- Contractor has been scheduled to replace bathtub and replace radiator. This will be complete by 03/10/2023.
- Kitchen and utility room were painted on 11/09/2023.
- Door surrounds and skirting boards will be painted by 31/10/2023.
- Following survey on 20/09/2023 it is was recommended that interior flooring repair take place after the exterior oil spill related remedial works to site are completed. Spill resolve works are scheduled to be completed by mid-November. Following the completion of the exterior remedial works, interior floors will be re-assessed by 30/11/2023. Resulting works from this assessment will be completed by 28/02/2024.
- Radiators that require painting will be painted by 31/10/2023.
- Plumber scheduled to repair sink in the utility room by 03/10/2023.
- Filing cabinets and presses that were being inappropriately stored in a downstairs bathroom were removed on 26/09/2023.
- PPE being stored in the sensory room was removed on 07/09/2023.
- Broken hand towel rails and toilet roll holders in bathrooms were removed and replaced on 11/09/2023.
- Contractor has been sought to repair the hole in a resident's bedroom and fix a toilet seat, this will be completed by 31/10/2023.
- A replacement handle for the oven in the apartment has been ordered and will be fitted by 31/10/2023.
- Electrician has been scheduled to replace the light in the kitchen area of the apartment. This will be completed by 31/10/2023.
- The broken seat in the room used as a day service was removed as of 26/09/2023.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The waking night duties list has been updated to include a nightly fridge check. The

waking night staff will carry out checks nightly to ensure that all foods are in date and labelled within the fridge.

- Prepopulated labels have been created and are available for staff to use on foods.
- The cleaning schedule has been updated to include the enhanced cleaning of all cupboards. Cupboards will be deep cleaned on a weekly basis; all expiry dates checked and expired food disposed of.
- The PIC emailed all staff on 11/09/2023 outlining the changes above and the standard expected.
- Staff will attend face-to-face refresher Training in Food Safety, this is scheduled for 30/11/2023.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The provider will communicate with all PICs before 19/10/2023 to provide immediate clarification with regard to protocols for any potential blockage of fire doors.
- Fire Fact File to be reviewed and updated nationally regarding the need to consult the fire authority around locked fire exits. This will be completed by 15/12/2023.
- Report and relevant emails from Fire inspector are available on site. This report and associated emails detail that the Fire Inspector is satisfied with access and egress from building in context of remedial works for oil spill, and closed fire exits.
- The report relating to the remedial oil spill works, and the associated email from the contractor outlining the safety of the air quality, are now available on site.
- All PEEPS and risk assessments relating to fire have been updated to reference the fire exits used for day time and night time evacuations, in light of the closed fire exits. This was complete on 06/09/2023.
- Remedial works are scheduled for completion in mid-November. When fire exits are restored, all PEEPs and relevant documentation to be updated to reflect the change.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- A number of maintenance actions outlined above relate to IPC. These works will be completed by 28/02/2024.
- The cleaning schedule for the service has been enhanced to include a room specific

checklist. Separated into weekly, fortnightly, monthly, and annual duties. Cleaning schedule includes a weekly deep clean of all kitchen cupboards. This was implemented from 26/09/2023. Updated cleaning schedules added to team meeting on 27/09/2023.

- Going forward IPC will be a standing agenda item on team meetings.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Senior Assistant Chief Fire Officer from Longford Fire Department visited the service on 06/09/2023 and provided a report outlining three actions. Two of the three actions were carried out on 06/09/202 these related to confirming the standard rating of the fire alarm and keeping cupboard door shut. The third action related to the changing of door locks, this will be completed by 31/10/2023.

- All self-closers were repaired on 11/09/2023 and are now in working order. All fire doors in the Centre are now closing upon activation of the fire alarm.

- Three fire doors were measured for replacement on 14/09/23. These will be fitted by 02/10/2023.

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	28/02/2024
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	30/11/2023
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'	Not Compliant	Orange	28/02/2024

	needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	15/12/2023
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.	Not Compliant	Orange	28/02/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/10/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Not Compliant	Orange	15/12/2023

	precautions.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	06/09/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/12/2023