



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

## Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0004071
Fieldwork ID:	MON-0038043

## About the designated centre

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

Holly Services is a centre run by Ability West. The centre provides a respite service for up to eight children aged from 0-18 years of age with an intellectual disability. The centre comprises of one building located on the outskirts of Galway city and is within walking distance of local amenities such as shops, leisure facilities and cafes. The centre comprises of 10 bedrooms, of which eight are used by residents who access the centre. The remaining two bedrooms are used by staff for overnight accommodation when required. Communal facilities available to residents include kitchen and dining rooms, bathrooms, sitting rooms, a sensory playroom, utility, staff office and outdoor play area. Staff are on duty both day and night to support the residents who avail of this service.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 27 September 2022	08:30hrs to 15:30hrs	Aonghus Hourihane	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with the regulations. The provider primarily offers respite to children but on the day of the inspection there was one child that had been living in the centre for over seventeen months.

The inspection was unannounced and upon arrival at the centre the inspector was met by a member of staff who guided them through the infection prevention and control measures necessary upon entry to the centre. These included facial mask and a COVID-19 checklist. It was noted throughout the inspection that all staff wore masks and engaged in regular hand hygiene.

On the morning of the inspection there were 4 children staying in the centre. Three children had already left for school but the inspector got an opportunity to engage with one child prior to them attending school.

The child was very welcoming, had just finished their breakfast and was ready to be brought to school. The child lived in their own section of the house but there was still opportunities for them to engage with other children when they returned from school. They showed the inspector their home including their bedroom and bathroom. They spent sometime showing the inspector family photographs. They were more than excited about the weekend ahead when they would celebrate a significant birthday. They proudly showed the inspector new clothes that had been purchased for the party, the child also named members of their family that would be visiting and had a special countdown board to mark off the days until their big day. The child was proud of a personalised blanket on their bed that was made up of a collage of colourful photographs of their family and them enjoying happy occasions, this was a present from a family member.

The child had a particular love of pop music and dance, they were listening to music as they spoke to the inspector. They told the inspector that they really liked 'Hailee Steinfeld' and 'Katy Perry' as artists. They also spoke about other activities that they liked doing with staff including baking cookies. The child spoke about their family and it was clear that they got to see them on a regular basis. There was a very calm atmosphere in the home and the staff member appeared very professional but also very caring towards the child. The staff member spoke honestly about the challenges caring for the child but they had ample knowledge about what worked best with the child.

The centre is located on the outskirts of a city, it is close to all necessary amenities and the children who attend for respite all attend a number of local schools. The centre presented as generally clean and also child friendly. The centre had recently been painted inside and some of the children got to pick the colours of the bedroom that they use during respite. The provider had recently got some large child friendly murals on prominent walls internally and there were plans for further murals going

forward. The centre had a large and well equipped sensory room and one of the living rooms had a large soft play area. The outside area was well maintained but did not have any facilities for play. The person in charge informed the inspector that the centre had recently got approval for outside equipment and they hoped that this would be in place soon with the inclusion of a bucket swing and other equipment for the children to enjoy.

The children returned from school shortly before 3pm. The centre was filled with noise and activity. There was an atmosphere of high energy with different children milling around the centre doing various activities or getting snacks. The inspector was located in the staff office for a period and the children came in to greet him and to see who was in their house. There was very much a sense that this was the children's house and staff were observed to be kind and caring while offering assistance and direction to the children. Some of the children did engage with the inspector and they appeared happy and content. One child joined the inspector in the office, they played gently with some magnetic blocks. They engaged with the inspector through play for a short period and although they did not speak it was clear that they were happy and at ease in the centre.

Overall it was clear that this was a centre that strived to provide a child centred service, that promoted and respected the rights of children. There was ample evidence that children's rights and the promotion of same formed an integral part of the care model on offer. There was posters promoting rights and a staff member spoke about their efforts to ensure that the voice of the child was heard and that children could exercise choice in relation to various aspects of their daily lives such as the food they ate and also what activities they engaged in.

The provider did have a number of areas that they needed to improve upon in order to ensure compliance with the regulations. There was a particular issue in relation to the statement of purpose as it was inaccurate in relation to the actual service operating within the centre. The provider also needed to improve it's policies and procedures in relation to infection prevention and control.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

Overall there were many positive aspects as to how this centred was managed and the provider generally ensured that the arrangements in place to oversee the delivery of care were robust.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities. The management arrangements within the centre were in line with the statement of purpose. There

was a full-time person in charge who had the necessary experience and qualifications to carry out the role. It was noted that the person in charge had worked at the centre for a substantial period of time and had in dept knowledge of the service and all the children that availed of respite. The person in charge did not have other responsibilities outside of this respite service and as well as working directly with the children they also had protected time for management duties.

There were sufficient, suitably trained staff on duty to support childrens' assessed needs in line with the statement of purpose. The staffing arrangements reviewed indicated that this was the regular staff pattern and showed that a team of consistent staff was in place to ensure continuity of care and support. It was further noted that a significant number of staff working in the centre had done so for many years, this brought to the service a huge amount of experience. The inspector spoke with a newer member of staff and they spoke about how much they had and were learning from those with vast amounts of experience.

Training was provided to staff on an on-going basis. The person in charge kept clear and concise records for all the staff. Records indicated that all staff had completed mandatory training and further training was planned. Staff spoken with confirmed that they had completed mandatory training including Fire Safety, Children's First and Studio III . Additional training in various aspects of infection prevention and control had also been provided to staff in response to the COVID-19 pandemic.

The provider had completed the Annual Review for 2021 and the most recent 6 monthly provider led audit was completed in July 2021. These oversight and review documents were extensive in nature and they did identify some areas for review and improvement but they did not address the fact that the centre was not operating in accordance with it's registration, didn't identify issues with infection prevention and control or the issues with the premises as identified during this inspection.

There was regular staff meetings taking place, the inspector reviewed the minutes of the two most recent meetings. The minutes were extensive and it was clear that every child was discussed at these meetings as well as important information shared about the service.

The complaints procedure was available and was also available in a child friendly version. The implementation of the procedure was in line with the providers own policy and regulation.

## Regulation 14: Persons in charge

The provider had appointed and had in place a person in charge that was experienced and met the criteria as outlined in the regulation. The person in charge was only responsible for this centre and had been in the role for a very extended period of time. The person in charge had extensive experience and knowledge in

relation to the children using the service and they worked closely with the staff team to provide a good quality service.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of the staff team working in the centre was in line with the assessed needs of the children using the service. The person in charge described significant challenges with the recruitment and retention of quality staff given the nature of the service. The centre roster was reviewed for the three months leading up to the inspection and it was noted that there was usually one to one support for all children and at times two to one staff support depending on what children and activities were on-going in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge presented extensive records for all staff training within the centre. It was noted that all staff had up to date training in areas such as Studio III, Manual Handling and Fire Training. The person in charge also had records for all staff in relation to training for various aspects of infection prevention and control. The person in charge had a system in place to ensure that staff received refresher training as required. It was further observed that all staff working in the designated centred had in date Childrens First training. The supervision records of staff were not reviewed during this inspection but one staff member stated that they had supervision twice in 2022 and a further supervision was planned for November 2022.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had established a directory of children that used the centred. The directory did not contain all the information as specified in paragraph 3 of Schedule 3 of the Care And Support of Residents in Designated Centres for Persons ( Children and Adults) with Disabilities Regulations 2013. There was also a gap noted on one



file where the date of the child's first admission to the centre was omitted.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
There were governance and management systems in place within the centre. The person in charge showed documentary evidence of regular auditing in relation to matters such as medication management. The person in charge also had available a survey that was going out to families who used the service for 2022 and this would directly feed into future improvements. The provider annual review and six monthly visits were taking place but they were not fully effective in identifying some specific concerns in relation to matters pertaining to the statement of purpose and issues identified in relation to infection prevention and control.
Judgment: Substantially compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The provider had in place contracts for the provision of services for children that were availing of respite within the centre. There was one child who had a respite contract signed in 2019 but had lived in the centre on a permanent basis since April 2019. There was no new contract issued by the provider to the family of this child.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The provider had in place a statement of purpose that was recently updated after a provider led visit. The statement of purpose did not describe accurately the service that was in operation on the day of the inspection and the statement of purpose was not in line with Schedule 1 of the Care And Support of Residents in Designated Centres for Persons ( Children and Adults) with Disabilities Regulations 2013. The statement of purpose outlined a respite service for children but there was one child living in the centre on a permanent basis since April 2021.
Judgment: Not compliant

## Regulation 34: Complaints procedure

The provider had in place a complaints procedure that was also available in a child friendly format. The procedure was prominently displayed within the centre. There was documentation to show that there was one complaint received in the previous year and this was now closed. The complaint was reviewed and the provider had managed the complaint in line with its own policy and there was evidence that the person in charge had followed up with the complainant to ensure they were satisfied with the outcome. There was also evidence in the staff meeting minutes that learning from the complaint was actively implemented.

Judgment: Compliant

## Quality and safety

Overall the inspector found that the care and support the children received who utilised the service was of a good quality. It was evidenced throughout the inspection that the person in charge and the staff team knew the needs of the children well and strived to impact their lives in a positive way.

There was good evidence of promoting children's rights with the issue of rights forming an integral part of the children's meetings with the person in charge and staff. The centre itself contained colourful and clearly visible posters about rights and staff were able to discuss what methods they used to ensure children could exercise choice and were respected.

There was documentary evidence that each child had received a timely assessment of need. There was evidence from the files of two children that all aspects of the childrens' care plan had been reviewed and recently updated. In one file the child had an Assessment of Need dated February 2022, a Communication Profile dated July 2022, an Intimate and Personal Care plan dated February 2022 and a Hospital Passport with important health information dated August 2022. A member of staff was able to give significant details about a child that they were key working and they spoke about the importance of keeping the daily log updated so other staff were fully aware how the child was doing.

There was immunisation records for each child and consent forms were available for children for COVID-19 vaccinations where appropriate.

The general and educational development of all children was a priority for the service. All the children attending the service were in school, the service had a good working relationship with the schools and staff spoke about how important this was to ensure that the children reached their full potential, that information was shared and it contributed to better outcomes for the children. On the morning of the

inspection there was a planning meeting for one child and the respite service attended. The service had been advocating for a communication device for the child and they learned it had just been approved. It showed how the service was an important part of the network around the child and although the service was respite in nature the staff team promoted the needs of the child and advocated on their behalf.

The provider had provided good facilities internally for the children to enjoy their time in the centre. There was a number of improvements necessary internally and the person in charge informed the inspector that new kitchen cabinet doors were on order. The external garden area did not have facilities or equipment for the children to engage in play but again the person in charge outlined plans to address this.

The provider needed to make significant improvements in the area of infection prevention and control. The centre was not operating the providers IPC policy and the processes for ensuring the centre was clean didn't take into account the respite nature of the service where there were many different transitions and multiple children using the service at various different times.

The risk management processes within the centre were in line with regulation and the person in charge had identified the risks associated with a long term child residing within the centre. There was also individual risk assessments for each child and these were reviewed and updated on a regular basis.

### Regulation 11: Visits

As the service delivered was primarily respite the frequency of visiting by family members was not as prominent. There were no restrictions on visiting to the centre and guidance was in line with national guidance. The centre facilitated frequent visits for one child and this child reported that they saw their family on a regular basis. The centre had ample space available to meet the visiting needs of children in private.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that the children had access to their own personal possessions. It was observed that certain children brought important items with them while on respite such as a special blanket. There was ample space within the rooms for personal possessions and there was also a room made available to the children to store personal items in between respite stays. The person in charge

outlined in detail how the children's pocket money was managed and the accounting system in place to ensure the children could access their money for outings and treats.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that the children attending this centre had good opportunities to play inside and participate in their education. The children all attended specific local schools and the staff in the centre generally dropped and collected the children to and from school when they were in the centre. This afforded the staff very good opportunities to engage with school staff and to share pertinent information about the children. One staff member spoke to the inspector about their regular engagement with the school and how important this was for the child's development. There was also evidence that staff set goals for children to increase their life skills and start preparing them for future transitions.

Judgment: Compliant

### Regulation 17: Premises

The centre was large and was easily able to accommodate the children that were attending for respite and living in it. There were two large living rooms and both contained projectors so that the children could relax and enjoy their favourite TV shows or streaming services. There was a well equipped sensory room that offered the children a tranquil space to relax. On the day of the inspection there was not in place age-appropriate play and recreational outdoor facilities. The person in charge outlined plans for this to be rectified in the coming months.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had in place a child friendly residents guide. The guide was colourful, easily understood and it contained all the important information that children using the service needed. The provider also made available other child friendly materials to ensure that the children attending the service understood how the service worked and how their voice would be heard.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had risk management systems in place to identify and appropriately respond to identified risk. There was also individual risk assessment for each child attending the service and these were monitored and updated on a regular basis. The person in charge had a system of regularly reviewing the risk register and there was evidence that the centres top risks changed on a regular basis. The person in charge had identified that a 'crisis placement' was the centres top current risk and this was escalated appropriately. It was noted that each child had a 'missing' document in their current files and these were updated with pictures on a regular basis.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider did not meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

The centre presented as generally clean and tidy. However, The centre was using an IPC policy that was not approved by the provider and was dated 2012. There was upgrade works needed in the kitchen area as well as all the bathrooms as in their current state they were not conducive to achieving high standards of cleaning. The cleaning document adopted in the centre was confusing. It directed staff to complete either cleaning or disinfecting which wasn't in line with the dated policy the centre used or best practice.

The self isolation plan/ assessment for one child stated that the child would be returned home if they contracted COVID-19. The child is living permanently in the centre and so this was not possible.

The contingency plan for COVID-19 was out of date and also was in contradiction with the statement of purpose.

There was a cleaning schedule for every room in the centre but the schedule didn't give any directions to staff in relation to enhanced cleaning if there was an outbreak of a communicable disease and didn't consider the transitory nature of the respite service with children coming and going on a very regular basis.

The communally used ball pit area presented as needing a higher quality of

cleaning.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider had in place fire containment measures within the centre that were effective and there were systems of oversight and review in operation. It was documented that staff were conducting both daily and weekly fire checks as necessary and set out by the provider. All children staying at the centre had their own evacuation plan and these were displayed in their bedrooms. There was regular fire drills involving all children and the time taken to evacuate the building was reasonable and safe.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The children using the centre generally had been fully assessed and had personal plans. The person in charge and staff team did point to challenges with the HSE's new Community Disability Network Teams and ensuring that all children had appropriate access to the services that they needed.

The files belonging to two children were comprehensively reviewed and all aspects of the files had been updated recently. There was also evidence that the children benefited from Case Reviews that also involved the schools.

The personal plans for the children were also up to date, they had realistic purposeful goals and the children were involved in the process. There was evidence on file that the personal plans were reviewed at 3 monthly intervals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were a number of positive behavioural support plans in place for the children. These plans were comprehensive in identifying behaviours that challenge within the centre. They also contained clear potential triggers for certain behaviours and gave staff tools and information to manage the behaviours. The plans also had a section

that included early warning signs and what to do next. There was also a clear process to review incidents and what learning there was. It was also noted that most staff had completed non-essential training in areas such as autism awareness. There were a number of restrictive practices in place and these were under regular review.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the centre operated in a manner that respected and promoted the rights of the children that used the service. It was observed that rights were promoted through colourful displays on the walls in communal areas. There was clear documentation of very regular meetings with the children and that their rights were a standing item on the agenda. The minutes of meetings reviewed clearly outlined the discussion staff had with the children in relation to their rights. A staff member clearly communicated how they promoted individual rights through their key working sessions and was able to articulate how every effort was made to enhance choice and control for the children when they were staying in the centre.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Holly Services OSV-0004071

Inspection ID: MON-0038043

Date of inspection: 27/09/2022

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of Residents has been reviewed and updated, adhering to paragraph three of schedule three of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations 2013. The gap noted on one child's file has now been amended.</p> <p>The PIC led on this action.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The statement of purpose and IPC concerns have now been addressed through discussion with PPIM and Quality and compliance Manager. The IPC records have now been reviewed and amended. The SOP has also been reviewed and amended. They will also be reviewed again during the next PLA.</p>	
Regulation 24: Admissions and	Substantially Compliant

contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  New contract of care has been drawn up for the child residing on crisis emergency respite within Holly Services. Contract of care has been issued to Childs family for signing. This was actioned by the PIC.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  Statement of purpose has been reviewed and an addendum added to reflect the current situation in relation to one Child. This Centre is not funded for Residential care; however, this child is receiving long term crisis respite currently. The risk regarding this child in crisis placement has been escalated to the HSE since the placement first commenced. We have declared to our funders that we are not registered to provide a residential placement to children. Since then it has been highlighted at every review meeting with them, and we are engaging in ongoing discussions with the HSE and other providers to identify long term solutions that will ensure stability and continuity of care for this child and others at risk of crisis placements</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Outdoor age appropriate sensory play area works will be completed by end of November 2022.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  Contingency plan for Holly Services has been reviewed and is in line with Statement of</p>	

Purpose. Self-isolation plan for one Resident has been reviewed and updated. Ball pool has now been removed from the Centre as it was not in use since pre covid. The Manager of Ancillary Services visited the Centre and has sanctioned independent contractors to assess bathrooms and kitchen and to take necessary steps to upgrade as required. There is a current IPC policy in place, approval date of 12/10/2021, along with guidance material, this is contained in the IPC folder, the obsolete policy from 2012 has been removed.

## 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(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	30/11/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/10/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as	Substantially Compliant	Yellow	14/07/2022

	determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/10/2022
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	31/01/2023
Regulation 03(1)	The registered provider shall prepare in writing	Not Compliant	Orange	25/10/2022

	a statement of purpose containing the information set out in Schedule 1.			
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