



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

Issued by the Chief Inspector

Name of designated centre:	Rosanna Gardens
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0001711
Fieldwork ID:	MON-0038367

About the designated centre

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

Rosanna Gardens is a designated centre operated by Sunbeam House Services located in Co. Wicklow. The centre can provide support for up to five adult residents. This designated centre offers support to men and women with mild to moderate intellectual disability and who may display responsive behaviour. Residents living in this designated centre are generally independent in their personal care or require a low level of support. Residents do not need any additional support in relation to their mobility. The designated centre comprises of two units located beside each other. One unit is divided into two individual living apartments with their own front entrance. The second unit is for three residents with a shared kitchen, dining and living room and accessible bathroom and each resident has their own individual bedroom with en-suite facilities and a private sitting room area also. The centre has a large garden area. The staff team working in this designated centre consist of nursing staff, social care workers, day service staff, and care assistants. The centre is managed by a full-time person in charge, who has support from a deputy manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 17 January 2024	10:00hrs to 18:10hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that residents had active lives and were happy living in the centre; and appropriate arrangements were in place to ensure that they were being supported in line with their assessed needs and personal preferences to enjoy a good quality of life. The inspector observed a friendly and warm atmosphere in the centre, and residents appeared relaxed and familiar with staff.

However, improvements were required in a number of areas, including fire safety, infection prevention and control (IPC), the premises, positive behaviour support, use of restrictive practices, and the provider's monitoring of the centre.

The centre comprised two separate single-floor buildings located on grounds shared with another designated centre operated by the provider. The centre was on the outskirts of a small town with amenities and services such as cafés and shops. There were two vehicles available to facilitate residents accessing their local community and beyond.

The inspector carried out a thorough walk-around of the premises with the person in charge. The first building accommodated three residents. They each had their own individual bedroom (with en-suite facilities) and living room; and shared communal areas including the kitchen, dining room, bathrooms, and large sitting room. There were also staff offices. In the dining room, there was a large noticeboard with information on safeguarding, advocacy services, complaints, and community amenities such as mass and swimming timetables. The building required upkeep and maintenance, particularly in the kitchen and utility room to mitigate infection hazards. The layout and design of the building presented an institutional aesthetic, for example, there was a ceiling to floor length metal shutter between the kitchen and dining room. However, efforts had been made to make the building more homely, for example, nice pictures and photos were displayed, and residents' individual spaces were decorated in line with their personal tastes.

The second building comprised two self-contained apartments. The apartments comprised a bedroom, bathroom facilities, and open-plan living area with kitchen and dining facilities. The apartments were bright, clean, and nicely decorated. They were also better maintained and more homely than the other building.

There was a large garden and external room (with heating and electrical appliances) at the rear of the centre. The provider intended to make an application to the Office of the Chief Inspector of Social Services to add the room to the floor plans once they determined if the room would be used going forward. The garden required upkeep, for example, wooden items located in the garden areas were observed to

be rotten and required removal.

The inspector observed some poor fire safety precautions, for example, the fire evacuation plan was not specific to the centre, and a fire door was wedged open which comprised its purpose. There were also poor infection prevention measures, for example, there was an absence of appropriate equipment to reduce the risk of infection cross contamination. The premises, fire safety, and IPC are discussed further in the quality and safety section of the report.

The inspector had the opportunity to meet and speak with all five residents living in the centre.

Two residents briefly spoke with the inspector. On the day of the inspection, they had engaged in community activities such as swimming and massage treatments. They said that they were liked living in the centre.

Three residents spoke more in depth with the inspector. They told the inspector that they were happy living in the centre. They described the staff as being "good" and "amazing". They got on well with the other residents, and one resident described them as "good friends". They spoke about the activities they enjoyed, such as going for walks, to the cinema, concerts and musicals, eating out, and spending time with family and loved ones; and they told the inspector that they had enough opportunities to participate in social activities. They enjoyed the food in the centre, and some liked to be involved in preparing meals and grocery shopping. They knew to evacuate the centre in the event of the fire alarm sounding. They had no concerns, and were satisfied with the supports they received.

The inspector did not the opportunity to meet any residents' representatives, and the provider had not carried out an annual review in the previous twelve months to seek their views.

The inspector met and spoke with staff including the person in charge, senior services manager, day service staff, and care assistant. Staff spoke compassionately and respectfully about residents, and were observed engaging with them in a kind and warm manner.

A care assistant told the inspector that residents received good quality and person-centred care and support. They said that residents have enough choice and control in their lives, and spoke about the activities they enjoyed. They demonstrated a good understanding of the residents' needs and the associated supports in place, for example, behaviour support plans and healthcare interventions. They also spoke about efforts to minimise the use of restrictive practices, for example, supporting residents to have more control over their finances. They had no concerns, and were satisfied with the support and supervision they received from the management team.

The person in charge told the inspector that residents' needs were being met in the centre and was satisfied with the resources available to the centre such as staffing arrangements. It was clear from speaking to the person in charge, that they were

promoting a human-rights based approach to residents' care and support.

The senior services manager said that residents received a good service in the centre attributable to a knowledgeable and reliable staff team, and good oversight from the local management team. They told the inspector that risks were well managed with appropriate control measures in place.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to support the delivery of a service that was safe, consistent and appropriate to residents' needs. Generally, the provider had ensured that the centre was well resourced to meet residents' assessed needs, for example, staffing arrangements were appropriate. However, the provider's response to audit findings required improvement to ensure that deficits in the service provided in the centre were acted on in a reasonable manner.

The provider's oversight systems required improvement. The provider and local management team carried out a suite of audits. Recent audits, including comprehensive unannounced visit reports and health and safety audits, outlined actions for improvement. They also noted areas for improvement already identified in previous audits which the provider had not addressed. The provider had also failed to carry out an annual review in the previous twelve months.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and reported to a senior services manager. They were supported in the management of the centre by a deputy manager. The local management team also had responsibility for another designated centre. The deputy manager worked less than full-time, and supported the person in charge by carrying out audits, organising staff rotas, and supervising staff. The person in charge described the challenges in effectively managing two separate designated centres, for example, there was a large number of staff to supervise.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were also effective arrangements to ensure continuity of care for residents.

Staff were required to complete a suite of training as part of their ongoing professional development. The inspector viewed the staff training records, and found that some staff had not completed relevant training (for example, in supporting residents with modified diets) which posed a risk to the quality and safety of care provided to residents, and the outstanding training required

scheduling by the person in charge.

In addition to the supervision provided to staff, they also attended team meetings which provided a forum for them to raise potential concerns. Recent meeting minutes noted discussions on audit findings, restrictions, incidents, staffing, training, the premises, and resident updates. Staff told the inspector that they could easily raise concerns and were satisfied with the support and supervision they received.

The provider had ensured that there was an effective complaints procedure for residents to utilise. The procedure had been prepared in an easy-to-read format to aid residents' understanding.

The provider had ensured that residents were provided with written contacts of care outlining the terms of their residence including the fees to be paid.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising nurses, day service staff, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of residents. Staff leave was covered by regular relief and agency staff to ensure that residents received continuity of care and support.

The inspector viewed a sample of the recent planned and actual staff rotas, and found that they showed the names of staff working in the centre during the day and night (minor improvements were required to better demonstrate the exact hours worked).

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, infection prevention, administration of medication, and fire safety.

The person in charge provided informal support and formal supervision to staff, and they could also utilise an on-call service outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. However, the inspector found that the systems required improvement to ensure that an annual review of the quality and safety of care and support in the centre was carried out annually, and that findings from audits were appropriately responded to.

Generally, the provider had ensured that the centre was resourced for the effective delivery of care and support of residents, for example, staffing levels were sufficient and transport was available to support residents in accessing their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for two centres and was supported in their role by a deputy manager. They reported to a senior services manager.

The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on health and safety, residents' finances and personal plans, housekeeping, and medication. The findings of audits were not being addressed by the provider in a reasonable manner, for example, unannounced visit reports and the recent health and safety audit (which was wide in scope and detailed) identified recurrent areas for improvement that had not been addressed from previous audits, for example, outstanding premises works.

Furthermore, the provider had not ensured that an annual review was carried out in a frequency compliant with the requirements of the regulations. The most recent review was dated May 2022. However, the provider told the inspector that another review was scheduled to be carried out by the end of January 2024.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared written contracts of care for residents on the terms of their residency in the centre. The inspector viewed a sample of the contracts, and found that they were signed by the relevant parties and included the fees to be paid by residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established an effective complaints procedure for residents. The procedure was underpinned by a written policy, and had also been prepared in an easy-to-read format for residents. Residents also had access to easy-to-read information on accessing independent advocacy services.

The inspector found that previous complaints had been recorded and managed to resolution.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in relation to fire safety precautions, infection prevention and control (IPC) measures, and positive behaviour supports.

The person in charge had ensured that assessments of residents' needs were carried out which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and plans. The plans were up to date and readily available to staff in order to guide their practice. One intimate care plan required minor revision to reflect all the interventions in place. Easy-to-read information had also been prepared to aid residents' understanding of relevant topics such as positive behaviour support.

Residents planned their main meals on a weekly basis, and there was an adequate selection of food in the centre to choose from. Some residents also liked to eat out. Residents told the inspector that they were happy with the food in the centre, and had enough choice. Some residents had modified diets, and care plans were available to guide staff in these areas.

There were no safeguarding concerns in the centre at the time of the inspection. Appropriate arrangements were in place to safeguard residents from abuse, for example, staff had received relevant training to support them in the prevention and appropriate response to abuse.

Some residents required support to manage their behaviours of concern. Written support plans had been prepared to guide staff interventions. However, the review of plans required improvement to ensure that it reflected the relevant multidisciplinary team service input. The inspector also found that the use of some restrictive practices required better management, for example, not all restrictions

had been approved for use or consented to by residents or their representatives.

The centre comprised two separate buildings beside each other. They provided sufficient private and communal space for residents. Residents told the inspector that they were happy with the premises and its facilities. The smaller building was bright, well maintained, homely, and nicely decorated. However, the larger building required upkeep, particularly in the kitchen and utility room. The building was also less homely in aesthetic due to its design and layout, however some efforts had been made to make it more homely.

The inspector found that the IPC arrangements were not sufficient to meet compliance with the associated regulations. The inspector observed poor practices and unmitigated infection hazards, and found that staff required more guidance on IPC matters.

The fire safety precautions required more consideration from the provider to ensure that they were effective. Staff had received fire safety training, and residents told the inspector that they knew to evacuate the centre if the fire alarm sounded. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre. However, the fire evacuation plan for the centre was too limited in detail and fire drills had not included 'night-time' scenarios.

There was fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers; and emergency lights. Staff completed regular fire safety checks, and the provider had arrangements for the servicing of the equipment. However, the inspector observed poor practices such as the wedging open of a fire door.

Regulation 17: Premises

The premises comprised two separate single-floor buildings. Residents told the inspector that they were happy with the premises and their homes. The buildings provided individual bedrooms with bathroom facilities and living rooms referred to as 'apartments'. The apartments in the smaller building, also contained individual kitchen facilities. The larger building contained a communal kitchen, dining, utility and living rooms; and office. Residents had decorated their apartments in line with their individual tastes, and there was sufficient storage and space. The smaller building was bright, warm, homely, spacious, nicely decorated and furnished, and well maintained.

The larger building was less homely, for example, there was a ceiling to floor length metal shutter door between the kitchen and dining room, and unused electrical fixtures had not been removed. However, some efforts had been made to make it more homely, for example, nice photos and pictures were displayed. Upkeep and maintenance of the building was also required, for example:

- The kitchen was in a poor state of repair, for example, the counter was cracked and some tiles around it were cracked, the veneer on some of the cupboards had detached, and a cupboard door handle was broken.
- The utility room required painting and there were unfilled small holes in the floor.
- The ceiling in a bedroom was stained and required painting.
- In the large bathroom, there was no cover on the extractor fan or light switch. There was also no mirror for residents to use.

The rear garden was spacious, however required upkeep to make it more inviting and accessible for residents to use. For example, wooden items such as benches and activity items were broken and rotten.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their meals as they wished.

The kitchens were equipped for cooking and storing food. The inspector observed an adequate selection and variety of food and drinks. Residents told the inspector that they liked the food in the centre, had their favourite meals often, and were happy for staff to do most of the cooking. Some residents liked to cook small meals and shop for groceries. Residents also liked to eat out in restaurants and cafés.

Some residents required modified diets. Up-to-date feeding, eating, drinking, and swallow (FEDS) plans had been prepared in an easy-to-read format and were readily available for staff to follow. Staff spoken with were aware of the contents of the plans, and the individual supports residents required.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had not implemented effective infection prevention and control (IPC) systems, arrangements or staff practices to meet compliance with the associated standards, for example:

- Staff spoken with were not aware of the arrangements for safely handling soiled laundry and cleaning bodily fluid spills.
- Equipment for the safe handling of soiled laundry was not available in the centre.
- The centre's outbreak plan and residents' isolation plans were focused on

COVID-19 and did not encompass other potential infections (the outbreak plan had also not been reviewed since 2021).

- Sanitary equipment used by residents appeared clean, however the cleaning of the equipment was not consistently recorded in associated cleaning checklists.
- In the utility room, the washing machine drawer required cleaning (staff told the inspector that there was no schedule for cleaning the machine despite it receiving soiled laundry), and the tumble dryer required cleaning as there was visible food debris around the filter.
- In the main building, the kitchen counters and cupboards were damaged posing a risk of bacteria harbouring. The interior of the fridge also required cleaning.
- In the large bathroom, clothes were observed drying on a radiator which posed an infection cross contamination risk, and the waste receptacles were not appropriate.
- Hand washing sinks required better facilities, for example, there was no hand towels or waste receptacles at the utility room sink to promote good hand hygiene practices.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider not ensured that effective fire safety precautions were in place in the centre.

The fire panel was located in the larger building; it was connected to both buildings comprising the centre and another centre on the shared grounds (the person in charge was unsure if it was connected to the external room at the rear of the centre). The person in charge told the inspector that the panel could indicate if a potential fire was in one of these three buildings. However, the panel did not have functionality to identify and show where any individual fire or smoke detection mechanism, such as a fire or smoke detector or break glass unit, had been activated and therefore was not a fully addressable fire panel. This required improvement.

Containment measures in the centre required improvements.

While the the fire doors were not connected to the fire alarm they were fitted with self-closing devices. The inspector observed that the fire door in the communal sitting room leading to a hallway was wedged open. Staff told the inspector that a resident liked to keep this door (and the door into their apartment) wedged open for accessibility. However, this arrangement had not been subjected to a risk assessment and impacted on the containment measures for the centre. Furthermore, the seal in the door frame appeared to be damaged, and there was no certification of the fire doors in the centre to demonstrate that they were fit for purpose. The inspector also observed that the door from the utility room (which was

a high-risk area) into the kitchen did not appear to be a fire door.

The fire evacuation plan was generic and limited in detail, for example, it did not reference the separate buildings or how to respond if the fire alarm sounded. Furthermore, it was not signed or dated to indicate when or who prepared it. Therefore, the inspector was not assured that the plan would be effective. However, there were some good arrangements in place to aid the prompt evacuation of the centre such as easily opened exit doors.

Fire drills were carried out regularly. However, there had not been a drill reflective of a "night-time simulation evacuation" in the previous twelve months. The recent health and safety audit had also noted that this deficit had been highlighted in previous audits.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

The inspector viewed a sample of residents' care plans, including those on communication, safety, dysphagia, intimate care, and specific health conditions; the plans were up to date and readily available to staff to guide their practices. The plans also outlined residents' interests and personal preferences.

Overall, the inspector found that appropriate arrangements were in place to meet the residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. However, improvements were required to ensure that the arrangements were effectively reviewed and monitored.

The inspector viewed two residents' positive behaviour support plans. The plans had been last reviewed by members of the staff team, but did not reflect a review from the relevant multidisciplinary professional with expertise in this area (this finding had also been noted in the recent health and safety audit). However, the person in charge had arranged for one of the plans to be reviewed by the relevant

professional in February 2024. The other plan also required updating as it referred to behaviours that the resident no longer displayed. In addition to the plans, easy-to-read information had also been prepared for residents to help them understand and manage their behaviours.

There were several restrictive practices implemented in the centre. The rationale for the restrictions was clear, and they were deemed to be least restrictive option. Staff also told the inspector about how efforts were being made to minimise the use of restrictions, for example, residents were being supported to have more control of their finances. The inspector also found that most restrictions had been approved by the provider's human rights committee.

However, the management and oversight of certain restrictions required improvement, for example:

- The use of a particular physical restriction had not been referred to the provider's human rights committee for approval. Use of the restriction was not being recorded to demonstrate it was for the shortest duration necessary, and it was not demonstrated that the resident affected or their representatives had consented to its use.
- An environmental restriction in place for one resident also affected other residents in the centre, however this had not been recognised or managed as such.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by policies (the current policy was limited in detail and being reviewed by the provider) and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected their privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosanna Gardens OSV-0001711

Inspection ID: MON-0038367

Date of inspection: 17/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual review of the quality and safety of care and supports in the centre was completed on the 01/02/2024.</p> <p>Outstanding premises work previously identified during audits will be addressed as follows:</p> <ul style="list-style-type: none"> • Removal of ceiling to floor length metal shutter between dining room and kitchen: This will be removed as part of the kitchen refurbishment. The shutter is a fire break for fire contention. A fire cert will be applied for in order for this work to be completed. Shutter will be removed by the 31/05/2025 pending the fire cert change being approved. • Removal of unused electrical fixtures, comprising of unused magnetic locks and call boxes, to be completed by the 31/05/2024. • Replacement of kitchen counter. This will be part of the full kitchen refurbishment. 31/03/2025 • Repair of cracked tiles in the kitchen 31/05/2024. These tiles will be later fully replaced during the kitchen refurbishment by the 31/05/2025. • Repair of damaged veneer in kitchen cupboards as part of kitchen refurbishment by the 31/05/2025. • Repair of kitchen cupboard handle. 31/03/2025 • Painting of utility room and repair of small holes in the floor to be completed by the 31/05/2024 • Painting of bedroom ceiling that was stained 31/05/2024 • Extractor fan cover installation in the large bathroom to be completed by the 30/05/2024. • Installation of light switch cover which involves full switch replacement to be completed by the 30/05/2024. 	

- Mirror installation in the large bathroom. 30/05/2024
- Broken/rotting wooden furniture in the garden to be removed by the 30/05/2024.
- Automatic door closure that will allow for fire door from sitting room to hallway and fire door to client's apartment to remain open but close if the alarm is activated to be installed by 30/04/2024.
- Seal on fire door to be repaired by the 30/04/2024.
- Fire certification for fire doors to be completed by 30/05/2024.
- Installation of fire door in the utility room to be completed by 30/04/2024.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Remedial works for the larger building, in order to make it more homely will be completed by the provider as follows:

- Removal of ceiling to floor length metal shutter between dining room and kitchen: This will be removed as part of the kitchen refurbishment. The shutter is a fire break for fire contention. A fire cert will be applied for in order for this work to be completed. Shutter will be removed by the 31/05/2025 pending the fire cert change being approved.
- Removal of unused electrical fixtures, comprising of unused magnetic locks and call boxes, to be completed by the 31/05/2024.
- Replacement of kitchen counter. This will be part of the full kitchen refurbishment. 31/03/2025
- Repair of cracked tiles in the kitchen 31/05/2024. These tiles will be later fully replaced during the kitchen refurbishment by the 31/05/2025.
- Repair of damaged veneer in kitchen cupboards as part of kitchen refurbishment by the 31/05/2025.
- Repair of kitchen cupboard handle. 31/03/2025
- Painting of utility room and repair of small holes in the floor to be completed by the 31/05/2024
- Painting of bedroom ceiling that was stained 31/05/2024
- Extractor fan cover installation in the large bathroom to be completed by the 30/05/2024.
- Installation of light switch cover which involves full switch replacement to be completed by the 30/05/2024.
- Mirror installation in the large bathroom. 30/05/2024
- Broken/rotting wooden furniture in the garden to be removed by the 30/05/2024.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Safe Handling of soiled laundry and cleaning of bodily fluid discussed at staff meeting on the 31/01/2024.
- All staff in the designated centre will read and sign Infection and Control Policy by the 01/03/2024.
- Gloves and aprons have been made available in both laundry rooms for use when dealing with soiled bed sheets/duvet covers on the 30/01/2024.

- Spills Kit were ordered on 28/01/2024 and in place.
- Safe and appropriate use of spills kit will be discussed at the staff meeting on the 20/02/2024.
- Guidelines for Outbreaks have been reviewed and updated to encompass other potential infections 29/01/2024.
- Local management will complete biweekly spot checks to enhance oversight regarding the cleaning of equipment and prevent gaps on checklists 19/02/2024.
- Deep clean of all fridges has been completed 12/02/2024.
- Replacement of kitchen counter. This will be part of the full kitchen refurbishment 31/03/2025.
- Repair of damaged veneer in kitchen cupboards as part of kitchen refurbishment by the 31/05/2025.
- The cleaning checklist has been updated to include Washing Machine- Dryer Filter cleaning and weekly 90 degrees empty wash for cleaning purposes. 10/02/2024.
- All bins in bathrooms and utility room to be replaced with pedal bins by the 15/02/2024.
- Use of radiators to dry clothes has been stopped. This was communicated during staff meeting on the 31/01/2024.

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

- Night-time simulation fire evacuation completed on the 12/02/2024.
- Automatic door closure that will allow for fire door from sitting room to hallway and fire door to client's apartment to remain open but close if the alarm is activated to be installed by 30/04/2024.
- Seal on fire door to be repaired by the 30/04/2024.
- Fire certification for fire doors to be completed by 30/05/2024.
- Installation of fire door in the utility room to be completed by 30/04/2024.
- Fire evacuation plan has been reviewed and updated to reflect the two separate buildings and has been signed and dated 30/01/2024.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Update of resident's plan that refers to behaviors that are no longer displayed was completed 5th of February 2024.
- Review of positive behaviour support plans will be completed by the clinical psychologist by the 31/03/2024.
- The use of new restriction for resident was referred to the provider's Human Rights Committee on 08/02/2024.
- Recording of use of restriction to demonstrate shortest duration necessary was implemented on 08/02/2024.
- Environmental restriction, Magnetic locked doors at nighttime. Push button in place for other residents to prevent unnecessary restriction.

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.	Substantially Compliant	Yellow	31/05/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/05/2024
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of	Substantially Compliant	Yellow	31/05/2024

	residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/02/2024
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	01/02/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	01/02/2024
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	01/02/2024
Regulation 27	The registered provider shall	Not Compliant	Orange	31/05/2025

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/04/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	29/02/2024

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/01/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/05/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	08/02/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	08/02/2024

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	08/02/2024