

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

Issued by the Chief Inspector

Name of designated centre:	Belford House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0002056
Fieldwork ID:	MON-0036113

About the designated centre

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

Belford House is a purpose built, single storey building located in an urban setting which includes two sitting rooms, a kitchen/dining area, bedrooms, bathroom facilities and a rear courtyard. The centre provides residential services and caters for residents over the age of 18 years, both male and female, with an intellectual disability and autism. Residents may also have high medical/physical needs and/or behaviours that challenge. The centre can accommodate a total of eight residents. Staff support is provided by nurses and care staff. The centre does not provide emergency admissions and all residents avail of separate day care service facilities..

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 May 2023	08:30hrs to 15:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed for the purpose of reviewing compliance against the Regulations. The centre is currently registered for a maximum of seven residents and seven individuals live here. The inspector had the opportunity to meet and spend time with all seven residents over the course of the inspection.

This designated centre comprises a large purpose built single storey property set in it's own grounds in Wexford town. On arrival the inspector was guided by staff to where the hand sanitiser and the sign in documentation was located. Three residents were in the kitchen having breakfast or being supported to take their medication when the inspector arrived and they greeted the inspector and welcomed them to their home. The residents had met the inspector previously and some stated that they understood what HIQA did and were happy to have an inspection take place.

One resident following breakfast was supported by staff to put on sun-cream before going to their day service. They told the inspector that today was 'ladies that lunch' day and they were looking forward to it. The resident explained how they and their friends planned a menu, shopped for ingredients and made lunch together once a week. These were important social events each week and the resident stated they were fun. Another resident was leaving to go to their day centre and to their work. They told the inspector that they were working on the goal of writing a book and were being supported in this endeavour which was very important to them. This resident had a birthday card for the person in charge and was very pleased to see them and to give them their card before they left for the day. They told the inspector that the person in charge and the staff team were important to them.

A resident following their breakfast was supported by staff to choose whether they would like a bath or a shower that morning, then after getting ready for the day they offered to show the inspector their room. They explained that they liked to keep their room locked and put the key in the kitchen. Other residents also did the same and explained that privacy was important and that the staff had helped put this system in place for them. A resident showed the inspector a collection of DVDs and pulled some favourites out of a drawer to show the inspector.

Residents presented with a combination of spoken language or non-verbal means of communication with some using a combination of verbal and non-verbal cues. All residents had lived together for a long time and some commented on how much they liked living with their friends. As the premises was spacious and the communal areas were large and spread throughout the house this also allowed individuals to spend time alone or in smaller groups if they preferred. Over the course of the day the residents were observed relaxing in different parts of their home or in their rooms and moving freely around their home. Residents were observed eating their meals either at a table in the kitchen or away from this busy environment and in

quieter areas as they requested. One resident was observed bringing a magazine from the kitchen into the living room to look through and indicated to the inspector that they did not wish to engage at that time and this was respected.

Residents used their kitchen to prepare drinks and snacks and staff explained that some residents were developing independence skills that they had identified as important, for example preparing a snack, their breakfast or loading the dishwasher. There was a warm and welcoming atmosphere in the house. All residents who spoke with the inspector were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community. Staff also spoke of feeling listened to by the provider and person in charge and felt they could raise any issues using the systems available to them.

Over the course of the day residents who did not attend a formalised day service were observed to make plans with staff regarding activities they wished to do. Some residents choose to go shopping and staff supported this, with residents prompted to ensure they had items they may need with them. One resident checked their mobile telephone was charged prior to setting out and staff provided support in ensuring it was in a position the resident could physically access. Residents told the inspector that they felt listened to in their home by each other and by staff. One resident stated that they were never afraid to ask for what they wanted. The residents took pride in showing the inspector their home and could talk about items and areas they liked and that were important to them. Some residents completed jigsaw puzzles, listened to music, looked through magazines or watched television while others went to meet family members or friends in day service for lunch.

Overall, the inspector found that the provider was recognising areas where further improvements were required and putting actions plans in place. They were aware that improvements were required for example, in relation to premises maintenance or in implementing staff supervision and these had been identified and reviewed before the inspection. Residents were busy doing things they enjoyed and were keeping in touch with their family and friends.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

There were systems to ensure that staff were recruited and trained to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. Residents were complimentary towards the staff team. Staff were described as encouraging, helpful, kind and supportive. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in a comfortable home where they were happy, safe and engaging in activities they enjoyed. The person in charge, a CNM3 was supported in their role by a team leader, a CNM1 and both were found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience to meet the needs of the residents who live in this centre. Residents reported to the inspector that the staff team are kind and respectful and that they knew them all. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge (CNM3) and team leader (CNM1) reviewed the effectiveness of the staffing arrangements on an ongoing basis. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider had a small team of consistent relief staff available that were used to fill gaps on the roster. The core staff team had been in the centre over a number of years.

The inspector reviewed the centre roster and found that it was well maintained and provided an overview of the staffing arrangements. Four staff were observed to be

rostered during the day and two staff at night. A minimum safe staffing level in the day had also been assessed for, in the event of not being able to find staff cover, as three staff although this was not noted as having been required with any frequency. The person in charge roster was also available to the staff team so that they knew where the person in charge was based on any given day and in addition, an on-call roster was also available. These ensured that the staff team could access support as required out of hours and at weekends.

The inspector reviewed a sample of staff personnel files and found that they were well maintained and contained all information as required by the Regulation and Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. For example, in response to residents' needs the provider had supported staff to complete a number of additional training programmes such as epilepsy management or human rights awareness training. Where some staff were overdue refreshers in mandatory training these were scheduled with, for example two staff who were due refresher training in fire safety training scheduled on 30 May.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they were supported and aware of their roles and responsibilities. The provider's policy required that staff received formal supervision three times a year and this was provided monthly when a staff member was new and completing their induction period. The team leader provided supervision to the staff team and they in turn were supervised by the person in charge. The team leader and person in charge had a schedule for the year in place and were working to ensure all staff received support as required. However, the inspector found that over the course of 2022 and into 2023 formal supervision had not consistently been provided in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and

experienced person in charge. The person in charge was supported in their role by both a team leader and a member of the provider's management team who held the role of person participating in management of the centre. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their own roles and responsibilities.

The quality of care and experience of the residents was being monitored on an ongoing basis. The person in charge had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. The person in charge and the team leader met on a regular basis and reviewed actions and audits that were delegated to staff members for completion. In addition there was a system of daily and weekly checks and audits and the person in charge utilised the provider's checklist systems to set, track and monitor identified actions.

The provider had systems in place to complete annual and six-monthly reviews for all of their designated centres. The inspector reviewed an annual review for the previous year and the last two six monthly unannounced audits both of which had identified actions in line with the findings of this inspection. A quality improvement based action was developed as an outcome from these audits.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy which was last reviewed in June 2022 and a procedure in place that was effective and available in an accessible format for residents and for their representatives to use. There was a nominated complaints officer and systems to log and show follow ups on complaints made. Residents were encouraged to express any concerns they may have safely and there were reassurances provided by the person in charge and staff team that raising an issue of concern was positive. Residents told the inspector that they knew who to talk to if they had a concern or worry and could outline the process for the inspector.

The inspector reviewed the complaints register for the centre and found that to date in 2023 no complaints had been received for this centre. In 2022 a number of complaints had been received and all had been managed in line with the provider's policy and were recorded as closed and resolved to the satisfaction of the complainant. The inspector reviewed multiple compliments received and these reflected increased independence and confidence of residents in addition to the quality of care and support provided to residents by the staff team.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their local community.

The centre was large but presented as homely and personalised to the individuals who lived there. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. Residents were observed during the inspection to spend time in their preferred space. Residents' bedrooms were personalised to suit their tastes. Photos and art work were on display throughout the house, and soft furnishings contributed to the home feeling homely and comfortable. While some improvements were found to be required in infection prevention and control practices, overall residents, visitors and staff were protected by the risk management policies, procedures, and practices in the centre.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside their home. They were attending activities, day services, going to work, using local services, and taking part of local groups and societies. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 17: Premises

The centre comprises a large, purpose built, single storey premises set in it's own grounds. Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The premises was spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection. However, some works were required including touch-ups of painting, management of minor areas of rust and repairs arising from moving fixtures such as a shower screen, and these are reflected under Regulation 27.

Residents present in the house showed the inspector their home and pointed out

pieces of furniture and items that were personal to them and were important. One resident has an en-suite bedroom and the other residents have access to a couple of large shared bathrooms, one of which has a bath and another has shower facilities. Due to residents' assessed needs there are a number of personal care aids that are present in each of the shared bathrooms however, these did not impede access to or use of the space in the room.

Externally the garden had a number of private areas available for residents to relax, some of which were paved to support access. A number of sets of garden furniture was available and residents were supported to plant flowers and maintain areas which they enjoyed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Service records and maintenance plans were in place for the large volume of equipment present in this home such as, hoists, wheelchairs, walking or standing aids and shower or bath aids.

Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as going out into the community without staff support or the risk of not arriving home as planned if taking a taxi independently.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. For example, the risk of falling on a wet floor in the shared bathroom had led to guidance on the use of signage and the use of an absorbent mat as required.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and

control policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the home was for the most part clean and there were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. The inspector found that there were gaps in the completion of the schedules at times and in particular gaps in the recording of cleaning residents' personal equipment. The provider had implemented colour coded mop system and there were suitable arrangements for the storage of buckets and cleaning equipment.

On walking through the premises the inspector found a number of areas that required review and while some of these were amended on the day of inspection they had not been identified by the person in charge or team leader as part of their auditing mechanisms. These included the storage of resident bedding such as duvets on the floor of a storage cupboard, in one case on top of a vacuum cleaner. In the laundry room a visibly dirty collapsible bucket was hanging on the back of a door next to clean hoist slings and in a bathroom plastic jugs used as part of personal care were not identified for cleaning between use by residents and no guidance on their use was given, one of these was also visibly stained or marked.

Improvement was required relating to laundry management as the inspector found for example, in the laundry room, one resident's basket of dirty linen had been stacked inside another residents basket and both lids were inside one basket and covered in linen that was not clean. The provider also had no process for the management of contaminated linen. Their policy dated January 2023 referenced an appendix which when reviewed did not reference laundry. This was of particular concern as for example, one residents' bedroom was on the other side of the house to the laundry room and contaminated or soiled linen would potentially have to be carried through a living area, a kitchen/dining room and along a shared corridor to access the laundry. There were no alginate bags for example present for use in these circumstances.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured there was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of residents and staff, which was displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in

relation to any supports they may require. Staff had completed fire safety awareness training, and dates are identified for refresher training for those who required it. Daily, weekly and monthly checks and audits were in place with some minor gaps in the recording noted although this had been identified by the team leader and person in charge.

Fire drills were occurring regularly in the centre and being completed at different times. Review was required however, to ensure that a drill in line with the provider's policy took place when the minimum number of staff and maximum number of residents were present. The inspector noted that no 'night' or minimum staffing drill had been completed in 2022 and the drill in 2023 had been completed without the full compliment of residents present. An unanticipated evacuation that had occurred with four residents and four staff had demonstrated a time that was in excess of those found on simulated drills and this required review to ensure that all residents could be safely evacuated by the minimum number of two staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews.

Residents were supported to set goals that had meaning for them, for instance, for one resident who had discussed with staff their interest in gardening they had been supported to help in the garden and to plan containers for the summer. Other residents were supported to go to concerts or to large shopping centres while others preferred to complete local regular activities such as having a takeaway or having their nails done.

Another resident had a their favourite activities included in their weekly plan such as going to the cinema, horse riding or taking time to attend church. All residents had copies of their personal plans and outlines of their goals in their bedrooms and these were available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' complex needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required. An annual overview of health checks and needs was in place that supported the staff team in planning supports for residents as may be required.

Health related care plans were developed and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with epilepsy management. Residents were supported to access national screening programmes in line with their health and age profile, and in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly and these were reviewed in detail by the person in charge supported by the behaviour support therapist and overview by the provider was also in place.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers. Over the course of the inspection the residents showed the inspector where items such as cleaning equipment was kept and explained how they took part in care of their home in line with their ability. Residents were able to speak to the inspector about why they had moved their keys to the kitchen when they were not home and were clearly involved in making decisions that were important to them in arranging their home to meet their needs.

They had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing financial or advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Belford House OSV-0002056

Inspection ID: MON-0036113

Date of inspection: 17/05/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The supervision policy has been amended to reflect the number of supervision carried out each year within the organisation. An additional sheet has been developed to record informal discussion and will be located in the supervision book.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Operational Managers will complete ad hoc audits to ensure accurate recording of daily, weekly and monthly cleaning schedules including the cleaning of equipment.</p> <p>Storage of bedding was amended on the day of the inspection, and all staff have been advised of the appropriate storage of bedding.</p> <p>The collapsible bucket was removed immediately once highlighted by the inspector.</p> <p>The plastic jugs were removed from the bathrooms on the day of the inspection, and each resident now has a jug stored in their own toiletry basket.</p> <p>Staff have been informed that the stacking of laundry baskets is not appropriate. A notice has been put up in relation to this.</p>	

The provider's infection control policy has been amended and now clearly outlines the management of laundry, with a procedure also updated in accordance with the management of laundry by the HSE. Alginate bags have been ordered, and a risk assessment is now in place in relation to the use of same.

All issues in relation to flooring, tiles and other minor areas of repairs have been identified to the HSE maintenance Supervisor. These works are scheduled to be carried out in the next three months.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Operational manager will complete regular audits in relation to fire drills and the recording of the daily fire checklist.

Shift leads, in conjunction with the house manager, will carry out unannounced fire drills in order to simulate a more accurate fire drill within the house.

A simulated nighttime drill will be carried out where all seven residents are in the home.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	19/06/2023
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	30/09/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	30/08/2023

	persons in the designated centre and bringing them to safe locations.			
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