Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Navan Adult Residential Service
Name of provider:	RehabCare
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	22 October 2021
Centre ID:	OSV-0002674
Fieldwork ID:	MON-0027263

About the designated centre

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

Navan adult residential services is located on the outskirts of a town in Co.Meath and is operated by RehabCare. It provides community residential services for a maximum of five adults with a diagnosis of autism spectrum disorder, male or female, over the age of 18. The designated centre is a two storey house which consists of two living rooms, kitchen/dining area, conservatory, a staff sleep over room, two bathrooms and five individual bedrooms (two of which were en-suite). There is a garden to the rear of the centre which contained an ancillary building which consisted of an office, utility room and sensory room. The centre is located close to amenities such as shops, cafes and banks. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 - 2015 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
Friday 22 October 2021	08:40hrs to 17:30hrs	Karena Butler	Lead
Friday 22 October 2021	09:35hrs to 17:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Overall, inspectors found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and preferences. However, there were improvements required in relation to the protection, premises, protection against infection, and fire precautions. These will be discussed further in the report.

Inspectors had the opportunity to meet with all five residents on the day of inspection. One resident was preparing to visit a family member in England for the weekend. They left shortly after inspectors arrived and they said they were very excited about the holiday. One resident had recently started attending a new day service and from staff accounts the resident appeared to be settling well so far. They were observed communicating with staff with the aid of an application on their personal tablet. They were preparing their breakfast and discussing their day plans. Another resident was in receipt of an independent day service arrangement. This appeared to be working well for this resident and suited their needs better than previous day service arrangements. They told an inspector that they liked this day service better and they liked their home. They said they chose how their room was decorated as they showed an inspector their room and in particular their games console which they said they loved to play. Their room along with all other resident bedrooms appeared to be decorated in the resident's own personal style and preference. That resident was dropped to their day service and returned later in the day, when they spoke to an inspector on their return the resident stated they had a good day.

An inspector overheard the resident discussing a plan for that evening with their staff to practice for the driving theory test with the aim of learning to drive. The staff were going to support the resident to practice the related theory questions. Another resident was observed independently preparing their breakfast prior to leaving to go for a drive as they were on Halloween break from their day service. When they returned they chose to spend much of their time with the inspectors listening to music on their mobile phone. They told an inspector that staff in the centre were nice and that they liked living there. The last resident agreed to briefly speak to an inspector and said they were happy living in the centre. They were then dropped to their day service and relaxed for the evening when they arrived home.

An inspector observed many art projects displayed on the walls of the centre that the residents made. These included the phrase "nothing about me without me" decorated on a canvas, another canvas with a butterfly made of buttons and a decorative outdoor art work displayed on the garden wall. The back garden contained a picnic bench area for residents to relax when the weather was nice.

There was a sensory room in a separate building in the back garden and it

contained a television, disco ball, stereo, bean bags, an egg chair, sensory objects, games, puzzles and some large lava lamp effect water tubes. The house consisted of other living/relaxing areas the residents could chose from if they wished for time alone other than in their bedrooms. These included a conservatory and two living rooms.

As part of the provider's annual review, the views of residents and their family representatives had been sought on their experiences of the centre. Residents and families gave positive feedback saying they were happy with the service provided and complimentary of staff that work in the centre. An inspector spoke with two family members on the phone on the day of inspection to further gage their views on the service and again feedback was extremely complimentary. Families reported that if they had an issue they would feel comfortable discussing it with the person in charge. Both families reported that their loved ones were always happy to return to the centre after family visits home. As part of this inspection process residents completed a questionnaire in advance of the inspection to gather their thoughts on the service provided to them. Residents reported that the house was nice and made note of activities they like to do. Some residents did note that other peers can be noisy at times.

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

Capacity and capability

Overall, inspectors found the centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents. However, as stated previously improvements were required in relation to notification of incidents and staffing which will be discussed in this section. Improvements required with regard to individual assessment and personal plan, protection, protection against infection, and fire precautions will be discussed in section two of this report.

There was a statement of purpose available that was updated regularly. It contained the majority of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any omitted information in the statement of purpose prior to the end of the inspection and evidence of this was presented to an inspector.

There was a defined management structure in place which included a person in charge who was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They were found to be aware of their legal remit to the regulations, were responsive to the inspection process and were

knowledgeable of the centre.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. There were other local audits in place such as medication audits and health and safety audits. From a sample of audits viewed, necessary corrective actions identified had been addressed by the provider.

The provider had all of the Schedule 5 policies and procedures in place and available at the centre, and they had been reviewed at intervals not exceeding three years as per the regulations.

The centre had sufficient numbers of staff with the required skills to support the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave while ensuring continuity of care due to a number of long term staff out. A number of new staff had recently joined the team and each had received all their mandatory training considered necessary in order to meet the needs of the residents.

An inspector reviewed a sample of staff files and found that the provider had ensured that most of the required documents and information were present for employees. However, some records were not available in staff files, for example a full employment history was missing for one staff member as it had some minor gaps, and a recent employer reference was not available for two staff.

The person in charge had ensured staff had access to training and development opportunities in order to carry out their roles effectively. For example: safeguarding of vulnerable adults training, fire safety training, management of actual or potential aggression (MAPA), and infection prevention and control. There were established supervision arrangements in place for staff. Each were receiving supervision in line with the organisational policy and the person in charge had a supervision schedule in place to oversee the arrangements.

There was a directory of residents maintained and all information as required in Schedule 3 of the regulations was available in the centre.

From a review of admissions and contract for the provision of services each resident had a contract of care in place, signed by the resident and/or family representative. There had been one recent admission to the service in 2021 and they were provided the opportunity to visit the centre on a number of occasions before admission.

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had notified the Chief Inspector of Social Services in line with the regulations when every adverse incident had occurred in the centre.

The provider had suitable arrangements in place for the management of complaints. There was a compliments and complaints policy in place which was reviewed March 2021. A review of the complaints log showed there were 23 complaints received in the centre since January 2021. Complaints received were recorded, followed up on and explained actions that had been undertaken. The majority of the complaints

were in relation to compatibility issues between residents living in the centre. An inspector spoke with one resident who had made a complaint and they said they felt staff had listened to them. An easy-to-read complaint policy was on display in the kitchen.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient numbers of staff and there was a planned and actual roster, and arrangements in place to cover staff leave while ensuring continuity of care due to a number of long term staff out. However, some Schedule 2 records were not available in staff files, for example a full employment history was missing for one staff member as it had some minor gaps, and a recent employer reference was not available for two staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured staff had access to training and development opportunities in order to carry out their roles effectively. For example: safeguarding of vulnerable adults training, fire safety training, management of actual or potential aggression (MAPA), and infection prevention and control. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained and all information as required in Schedule 3 of the regulations was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure good quality care was being delivered to the residents and inspectors found the centre was adequately resourced.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Written agreements were in place for all residents, outlining the services to be provided and any fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that was updated regularly. It contained the majority of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any omitted information in the statement of purpose prior to the end of the inspection and evidence of this was presented to an inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had notified the Chief Inspector of Social Services in line with the regulations when every adverse incident had occurred in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a compliments and complaints policy in place which was reviewed March 2021. A review of the complaints log showed when complaints were received they were recorded, followed up on and explained actions that had been undertaken.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all of the Schedule 5 policies and procedures in place and available at the centre, and they had been reviewed at intervals not exceeding three years as per the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were facilitated to have good quality, person centred care and support. However, there were some improvements required in relation to protection, premises, protection against infection and fire precautions.

Residents had comprehensive annual assessments of need completed. Care and support plans were completed based on the assessment of need and they guided staff on how best to support the residents. Residents were supported by staff in the centre to work on a number of goals although the official person centred planning meeting was yet to happen but scheduled for November 2021.

Residents had good access to a range of multidisciplinary teams such as general practitioners (G.P), occupational therapists (O.T), physiotherapists and mental health teams. There was evidence on file of these appointments and up-to-date reviews.

An inspector reviewed the arrangement in place to support residents' positive behaviour support needs. There was evidence of extensive supports from a behavioural therapist and a psychologist to support residents where necessary. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident and staff spoken with were very familiar with the strategies within the plans.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. Each resident had a self care assessment and plan in place that directed staff in supports required, and there were robust financial management systems in place. Any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed. However, safeguarding plans in place were not tailored to individual residents instead were all identical. Due to compatibility issues within the centre there was an on-going impact to residents due to some residents' behaviours that may cause emotional upset to others. There had been a recent reduction in these behaviours however, a recently carried out behavioural compatibility assessment came to the conclusion that with supports now in place it would be a matter of months before the impact of behaviours would be observed.

Inspectors found that there were adequate mechanisms in place to uphold residents' rights, and that arrangements in place did support residents to exercise their rights as individuals. For example, there was consultation with residents to ascertain their views about different aspects of their lives, there were key worker sessions conducted, residents' meeting happened once a month, residents had access to an external advocate if required and two residents were availing of this service. Residents had opportunities to make choices about their care and how they spent their day. Residents were supported to participate in activities of their choosing and a resident was given additional support and appropriate assistance when they transitioned to a new day service.

The most recent admission to the centre had a transition plan with a number of assessments devised to help provide a smooth transition for all involved.

There was a residents' guide prepared for the centre and a copy provided to each resident. It contained all the required information as set out in the regulations.

From a walkabout of the centre inspectors found it to be spacious and nicely decorated. However, there were some areas that required attention. For example, some areas required repainting and some minor repair works were needed.

There were systems in place to manage risk within the centre. A risk management policy was in place. The centre had a recently reviewed risk register that detailed generic risks for the centre such as fire, missing persons and COVID-19 along with specific risk assessments relevant to individuals. From a sample reviewed by an inspector they were found to be sufficiently detailed and recently reviewed.

While there were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, improvements were required in some areas. These included, slight mould in different areas of the house, some minor gaps in the enhanced cleaning schedule and guidance to staff as to what mops and buckets to use in order to prevent cross contamination. Examples of some control measures in place included, sanitising facilities were available for use, there was an identified COVID-19 lead in place, infection control information and protocols were available to guide staff and staff had received relevant training.

A review of the fire precaution arrangements for the centre demonstrated that while

there were fire safety management systems in place, improvements were required to fire containment and arrangements for giving warning of fires within the centre. Fire safety arrangements in the centre included servicing of fire detection and firefighting equipment, and staff were trained in fire safety. While regular fire drills were practised in the centre improvement was required to include the use of different scenarios as stated in the centre's own fire risk assessment.

An inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management.

Regulation 12: Personal possessions

Each resident has their own bedroom decorated to their personal tastes, with their personal possessions in it. Inspectors saw that residents were provided with sufficient storage for their personal items in their bedrooms. The person in charge ensured each resident had a bank account and supported to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in activities of their choosing and a resident was given additional support and appropriate assistance when they transitioned to a new day service.

Judgment: Compliant

Regulation 17: Premises

Some areas required repainting such as the water closet in the additional back garden building, sitting room ceiling, windowsills in the conservatory and in a downstairs residents bedroom. Some areas required repair such as the area surrounding the heating timer had a hole and the utility room had no cover for the attic opening.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide prepared for the centre and a copy provided to each resident. It contained all the required information as set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The most recent admission to the centre had a transition plan with a number of assessments devised to help provide a smooth transition for all involved. The resident visited the centre on a number of occasions prior to admission.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage risk within the centre. A risk management policy was in place and was last reviewed January 2021. The centre had a recently reviewed risk register that detailed generic risks for the centre such as fire, missing persons and COVID-19 along with specific risk assessments relevant to individuals. From a sample reviewed by an inspector they were found to be sufficiently detailed and recently reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Slight mould was observed in some areas. For example, around a resident's window, around another resident's en-suite window, tile grouting and silicone in shower tray. Some bins used were push/flip lid types which would involve people touching the bins with their hands to place items in the bins which could lead to cross contamination. There was no guidance to staff as to what colour coded mops and buckets to use for which areas. There were some minor gaps observed in the enhanced cleaning schedule.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required with one fire containment door in the main house as it would not close properly and also the house fire alarm was not linked to the back garden building that contained the sensory room and office. This was required in order to ensure residents would be appropriately protected in the event of a fire in the centre and also that if in that other building in the back garden would be alerted if a fire broke out in the main house and anyone in the main house would be alerted if a fire broke out in the other building. Different fire drill scenarios were required to be used when practising fire drills as per the centre's own fire risk assessment.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

An inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. Residents were assessed as to their capacity to self-administer every six months. Staff were trained in medication management and completed assessments of competency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive annual assessments of need completed. Care and support plans were completed based on the assessment of need and they guided staff on how best to support the residents. Residents were supported by staff in the centre to work on a number of goals.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a range of multidisciplinary teams such as general practitioners (G.P), occupational therapists (O.T), physiotherapists and mental health teams. There was evidence on file of these appointments and up-to-date reviews.

Judgment: Compliant

Regulation 7: Positive behavioural support

An inspector reviewed the arrangement in place to support residents' positive behaviour support needs. There was evidence of extensive supports from a behavioural therapist and a psychologist to support residents where necessary. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident and staff spoken with were very familiar with the strategies within the plans.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans in place were not tailored to individual residents instead were all identical. They did not clearly outline the issue that they were in place to address and did not state when the plan was initiated or reviewed. Due to compatibility issues within the centre there was an on-going impact and potential to cause emotional upset to residents due to some behaviours from fellow peers in the centre. This issue will need to be kept under review in order to minimise impact on residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that there were adequate mechanisms in place to uphold residents' rights, and that arrangements in place did support residents to exercise their rights as individuals. For example, there was consultation with residents to ascertain their views about different aspects of their lives, there were key worker sessions conducted, residents' meeting happened once a month, and residents had access to an external advocate if required and two residents were availing of this service. Residents had opportunities to make choices about their care and how they spent their day.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Navan Adult Residential Service OSV-0002674

Inspection ID: MON-0027263

Date of inspection: 22/10/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The provider has carried out a review of CV / Application forms for gaps in employment history of all staff in the service and identified gaps have been accounted for. This was completed by 30/11/2021. • The provider has reviewed references on file for staff working in this designated centre and ensured that at least one reference was social care related. This was completed by 30/11/2021. The provider is following up with staff identified during the audit that do not have reference from last employer to obtain reference from the respective employers. 31/01/22	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The issue of mold identified during the inspection has been addressed by removal, this has been included in the cleaning schedule to ensure it is monitored. • The person in charge has liaised with the Housing Association to find out the cause and to ensure maintenance work including painting work planned for Sept 2021 which was postponed due to Covid -19 pandemic has been rescheduled. This will also address other property issues identified in this report and will be completed by 31/03/2022 (subject to national Covid -19 guidelines). Attic cover has been replaced -08/12/2021 • Attic cover has been replaced -08/12/2021	

Regulation 27: Protection against infection	Substantially Compliant

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

• Colour code instructions for mops have been put up to provide guidance for staff.

• PIC and Team Leader to continue to ensure that staff adhere to enhanced cleaning Rota and sign off as appropriate. This will be monitored on a weekly basis during the weekly Covid check.

• All bins have been replaced with pedal bins.

• The person in charge has liaised with the Housing Association to ensure maintenance work planned for Sept 2021 which was postponed due to Covid -19 pandemic has been rescheduled. This will address the property issues and consequently some IPC issues identified in this report and will be completed by 31/03/2022 (subject to national Covid -19 guidelines).

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The fire door in the sitting room that did not close during the inspection has now been fixed.

The house fire alarm has been linked to the ancillary building that contain the recreation room and office. The new system has been tested to ensure that it works, drill took place when the recreation room was in use and resident who was in the room responded to the alarm. This was completed on 26/11/2021.

Fire drill were completed with different scenarios a) the back door and front doors were blocked b) the fire started in the front room c) fire started in the kitchen, d) drill was conducted with the minimum staff capacity of 2 to test the new arrangements.

Evacuation was successful and under 3 minutes. All staff have been made aware of the revised evacuation procedure. 03/12/2021

• Fire Consultants has been requested to come on site and review fire doors in the office and recreation room to ensure all are of standard and where issues are identified these will be rectified, this will be completed by 31/01/2021.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All safeguarding plans will be reviewed to clearly outline the issue that they are in place to address. This will be completed by 31/12/2021.

• All safeguarding plans will be updated to include start dates and review dates will be added when a review takes place. This will be completed by 31/12/2021.
• Ongoing MDT support is being provided to residents and to guide staff in order to minimise impact of individual resident's behaviour on other residents in the service.

• Ongoing review of placement with the HSE to continue. It is expected this will be resolved by 31/03/2021.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/11/2021
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	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	31/03/2022

	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(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	03/12/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2022