



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

Issued by the Chief Inspector

Name of designated centre:	Rowan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	20 September 2022
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0028754

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five residents. The residents living in this centre are of an older age profile, may have retired from work and, enjoy a quieter and slower pace of life. An integrated model of care is provided where there are structured arrangements to provide residents with activities and programmes of their choosing in their own home. The house is a two-storey property on its own spacious site with very pleasant views of the bay. Given the age profile and needs of the residents all resident accommodation and facilities are provided on the ground floor. The house is located on the outskirts of a well serviced village and suitable transport is provided to assist residents in accessing their local community. The staff team is comprised of social care workers and support staff. A minimum of two staff members are on duty up to 21:00hrs, one staff member is on duty at night; this is a sleep-over arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 September 2022	10:15hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Based on what the inspector observed, discussed and read this was a person-centred service. Residents were provided with the support that they needed to enjoy good health and a good quality of life. The provider had taken corrective actions to improve the service in response to the findings of the last HIQA (Health Information and Quality Authority) inspection and, improvement was noted. For example, premises works had been completed and external input had been sought to assist in reviewing and improving the fire evacuation procedure. However, while these actions had brought about improvement further improvement was needed. For example, a comprehensive review was required of the policies and procedures that guided infection prevention and control practice so as to ensure practice in the centre was reflective of up-to-date guidance.

The objective of the provider is to provide residents with a home for life. The design and layout of the premises were suited to this as all of the facilities needed by the residents were provided at ground floor level. For example, four residents were provided with en-suite sanitary facilities and modifications had been made to these facilities to improve their accessibility. Good provision was made for transport so that residents could enjoy the tranquillity of the location but they also had regular access to local facilities and amenities.

Over the course of the day the inspector had the opportunity to meet with all five residents. The routines observed reflected the individualised nature of the service. For example, residents got up and had their breakfasts at times that suited them. Residents were happy to sit together in the kitchen and could come and go to their bedrooms as they wished. Despite advancing age and associated needs such as declining mobility residents were supported to retain skills, remain mobile and independent while staff provided whatever support was needed. For example, residents were encouraged to dress independently and to participate in the completion of their personal laundry. Staff were heard to reassure a resident as to the whereabouts of a particular sweater that was hanging to dry on the clothes-line.

The needs of the residents included communication differences but residents when asked told the inspector that they were happy and all was well in the house. The atmosphere in the house was calm and relaxed and residents were noted to be confident and comfortable in their home and, in the presence of the staff members on duty. There was a staff office on the ground floor but the inspector noted that a staffing presence was always maintained in the spacious kitchen-dining area. The routines were normalised and homely as residents listened to music or completed some table-top activities while staff for example prepared meals. As the inspector was leaving the house all five residents were enjoying their main evening meal together while staff provided any assistance and supervision needed. Residents were seen to enjoy their home-cooked meal and one resident said it was "lovely".

Staff described how in addition to the day-to day interactions in the house they also

met with the residents each week to discuss general issues arising in the house and to give residents an opportunity to express any concerns they might have. Staff reported that how residents engaged with these meetings might fluctuate but it was still a meaningful exercise and residents would and did contribute. A staff member also supported residents to have an awareness of and input into the provider's internal advocacy forum.

While the inspector did not meet with any resident representatives it was evident from records seen that supporting residents and family to maintain contact with each other was an important part of the personal plan. Contact was facilitated by visits to the centre or to meet with family, phone calls and letters. Representatives were kept informed as appropriate of any changing needs and were also invited to provide formal feedback on their experience of the service. The response rate to the most recent request was low but the feedback received was very positive.

There were good arrangements in place for monitoring resident health and wellbeing and residents had access to the services that they needed. The support and care observed by the inspector was as set out in the personal plan.

In summary, this was a good person centred service and improvement was noted on the previous HIQA inspection findings. However, the provider needed to ensure that the governance arrangements of this centre had the capacity to sustain the improvement made and bring about the further improvement that was needed.

The next two sections of this 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 on the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure and how it operated and, individual responsibilities and reporting relationships were understood. Improvement was found and the responsive actions taken and planned by the provider since the last HIQA inspection were evident. The centre was adequately resourced. However, further assurance was needed that the governance structure had the capacity to consistently monitor and review the quality and safety of the service provided to residents. Improvement was needed in how data was collected and used to assure or improve the quality and safety of the service.

The person in charge described the measures put in place to strengthen the governance of the centre since the last HIQA inspection. For example, an experienced social care leader was in post as were additional social care workers. If the social care leader was not on duty a social care worker was identified as the lead responsible staff member. This was evident from the staff duty rota. The person in charge reported good access and good collaborative support from their line

manager. The person in charge said that ensuring effective governance and oversight was still challenging and described the plan that the provider had to strengthen the wider governance structures as it recognised the challenges that presented. For example, measures were planned to reduce the additional challenge of participation in the on-call management rota. The person in charge told the inspector that the planned reconfiguration of this centre would also benefit management and oversight of the service due to the addition of nursing skill-mix and an additional social care leader to the overall staff team.

The person in charge was accessible and available as needed but was not based on site. The person in charge had other areas of responsibility and was therefore very dependent on the practical support provided by the social care leader to ensure effective oversight and operational management of the centre. This role while designed to support the person in charge in the management and oversight of the centre was not a full-time administration role and operated on the basis of allocated administration time each week. The person in charge said that there was flexibility in this regard.

However, while the improvement achieved was evident and of a good standard there was work still to be done. The inspector was not adequately assured as to the capacity of these management arrangements to complete all administration duties so as to consistently assure the quality and safety of the service. For example, a comprehensive review was needed of some practices, of the risk assessments and numerous infection prevention and control policies and procedures that were in place. The review of an outbreak of infection that had occurred in June 2022 was an action from the most recent internal provider review but was not yet completed. While there was good attendance and good discussion at staff meetings these meetings were infrequent and not in line with the internal recommended time-frame. One meeting was held in April 2022 but the next meeting was not held until September 2022.

Staffing levels, staffing arrangements and staff skill-mix were suited to the number and assessed needs of the residents. There were systems in place for monitoring the adequacy of staffing levels and additional staffing was provided if needed, for example in response to a pattern of falls. Additional staffing resources were also provided each week to support a programme of activities for the residents.

The inspector's review of staff training records indicated all staff had completed any training required of them such as training in safeguarding, fire safety, responding to behaviour that challenged and, training in infection prevention and control. Additional training completed by staff reflected the assessed needs of the residents such as the provision of diets of a modified consistency and, supporting persons with a dementia. Further training in the latter was planned.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and

experience necessary to manage the designated centre.
Judgment: Compliant
Regulation 15: Staffing
The number, qualifications and skill-mix of staff were suited to the number of and the assessed needs of the residents. A planned and actual staff rota was maintained showing the staff members on duty by day and by night. The staff rota also demonstrated that continuity of staffing was provided for. For example, a small number of regular relief staff were available. Nursing advice was available as needed from within the providers own resources.
Judgment: Compliant
Regulation 16: Training and staff development
Records were maintained of the training completed by staff. These records indicated that all staff working in the centre had completed mandatory, required and additional training. Mandatory training such as safeguarding and manual handling was in date. The inspector was advised that formal staff supervisions were ongoing.
Judgment: Compliant
Regulation 22: Insurance
With the application seeking renewal of the registration of this centre, the provider submitted evidence of having the appropriate insurances in place.
Judgment: Compliant
Regulation 23: Governance and management
There was an evident commitment to provide residents with a safe service and a good quality of life. The provider had responded positively to the findings of the last HIQA inspection, had taken corrective action and, further actions were planned to improve the quality and safety of the service. This included a longer-term governance and management plan. However, in the interim further assurance was

needed that the governance arrangements of the centre had the capacity to sustain the improvement made and consistently monitor, review and assure the quality and safety of the service. Improvement was needed in how data was collected and used to assure or improve the quality and safety of the service whichever was appropriate. For example, the review of an outbreak of infection that had occurred in the centre was outstanding and, a better link was needed between the review of incidents and risk assessments. While a staff member said there was good ongoing discussion between the staff team structured staff meetings where staff as a team could share learning, express concerns or ideas for improving the care and support provided to residents were infrequent.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as details of the management structure and the range of needs that could be met in the centre. The statement of purpose was an accurate reflection of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen on inspection there were arrangements in place that ensured the Chief Inspector was notified of certain events such as an outbreak of infection and the use of any restrictive intervention.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the centre including in an easy-to-read format that would have enhanced its accessibility to residents. Staff described how they spoke with residents to ascertain if they had any concerns. There was regular contact between residents, family and staff. A designated staff member supported residents to be aware of and access if needed the internal advocacy service. Internal service reviews monitored the receipt and management of complaints.

Judgment: Compliant

Quality and safety

This was a person centred service where overall residents' wellbeing and welfare was maintained by a good standard of care and support. The actions taken by the provider since the last HIQA inspection had improved the safety of the service provided to residents. The provider was progressing further plans to ensure that residents had a safe and comfortable home for life. However, further improvements were required in the area of infection prevention and control, fire safety and in reviewing the management of risks.

There were good arrangements in place to ensure each resident received care and support appropriate to their needs and wishes. The personal plan reviewed by the inspector was well-presented and individualised to the resident. The personal outcomes workbook was meaningfully completed by staff in consultation with the resident. The document captured what was important in life to the resident and described how these values could be supported and progressed with support from staff. Staff maintained progress updates on how each goal was progressed such as being out and about in the community, meeting with peers and, maintaining contact with home and family. Daily narrative notes and photographs evidenced further the facilitation of these personal objectives. For example, the resident had recently returned to swimming and with support from staff had attended and, had very much enjoyed a family wedding.

The personal plan also included the plans for ensuring the resident continued to enjoy good health. The inspector followed two lines of enquiry following a pattern of falls that had occurred earlier this year. The inspector found there was good oversight by staff of the resident's health, regular access to the relevant clinicians and good communication between different clinicians and staff. Recommended interventions were followed through on such as the taking of blood samples and point-of-care testing by staff. However, the timing of the MDT (multi-disciplinary team) review of the plan required ongoing monitoring to ensure it was completed at least on an annual basis. Where there was scope to improve the plan this was completed during the inspection based on the feedback provided by the inspector.

Despite advancing age positive risk taking ensured that residents were safe but continued to enjoy good independence in their home and in their daily routines. Controls that did not impact on residents' quality of life were in use such as staff supervision, the provision of mobility aids, the use of movement alert devices at night, specific diets and the use of adapted utensils so that residents could safely eat independently. However, better association between risks and their control and, the findings and learning from the review of incidents was needed. For example, the possible increased risk of falls from prescribed medicines and, reiterating the importance of appropriate supervision where there was an identified risk for a

resident to ingest inedible objects.

In relation to demonstrating compliance with Regulation 27 and the *National Standards for infection prevention and control in community services (2018)* progress had been made. For example, work had been completed or was in progress to ensure care was provided in a clean and safe environment. The inspector saw that some floors had been refurbished and refinished, a toilet had been replaced, damaged fittings had been removed, the laundry was undergoing structural changes and an area for the storage of cleaning equipment was also in progress. The house presented as visibly clean. The provision of additional prominently located hand sanitising units and the de-cluttering of a downstairs toilet had increased the opportunities staff had to complete hand hygiene. The work in progress in the laundry included the provision of an additional wash-hand sink. These were all positive developments. However, in relation to ensuring residents were protected in so far as was reasonable possible from the risk of preventable infection much improvement was still needed. There was a surplus of guidance available to staff on infection prevention and control and, the prevention and management of COVID-19. Much of the guidance was out-of-date and resulted in variances between practice and current guidance.

The provider had taken timely action to improve the evacuation procedure in response to the findings of the last HIQA inspection. Input had been sought from an external fire safety resource and from the behaviour support team. With this input it had been demonstrated that all residents could be successfully evacuated from the centre. The personal emergency evacuation plans (PEEPS) had been updated to guide staff on the strategies to be used by day and by night to promote evacuation. A staff member spoken with understood the phased progressive evacuation strategy, the strategies to support evacuation by day and by night and, the controls in place to access the house from outside if necessary. The most recent time taken to evacuate all five residents was prolonged. The time recorded however was to the external assembly point. Staff had identified corrective actions to improve this evacuation time. However, further review and discussion was needed of the centres emergency evacuation plan (CEEP). This review needed to take into account the need to always consider the location of the fire but also the order of evacuation of residents. For example, those residents who could move to a safe location with little assistance from staff and those residents who required most assistance and most time.

Regulation 13: General welfare and development

The provider aimed to ensure that each resident received support and care that respected their abilities and wishes and ensured residents enjoyed good health and a good quality of life. While residents were enjoying a slower pace of life perhaps having retired from work, age was not a barrier to residents having opportunities to access their community and to participate in events and activities of their choosing and of interest to them. For example, residents were currently enjoying a

reminiscence programme supported by trained facilitators. Residents were actively supported to maintain contact with peers and family in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the premises were suited to meeting the aims and objectives of the service and, the number and needs of the residents living there. Each resident enjoyed the privacy of having their own bedroom; four of these bedrooms had accessible sanitary facilities. The bedrooms were nicely decorated and reflected the personal choices of each resident. The inspector saw that residents were provided with any fittings and equipment they needed for their comfort and safety such as handrails and grab-rails and pressure relieving equipment. The inspector saw that the provider had completed refurbishment works since the last HIQA inspection, other works were in progress and further works were planned.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared and made available to each resident a guide that provided information such as how to make a complaint, how to access any inspection reports and, the arrangements for receiving visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

Positive risk taking ensured that residents were safe but continued to enjoy good independence in their home and in their daily routines. However, better association between risks, their control and the findings and learning from the review of incidents was needed. For example, in relation to the prevention of falls and choking incidents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement was noted particularly the premises works completed and in progress to better support infection prevention and control. However, in relation to ensuring residents were protected in so far as was reasonably possible from the risk of preventable infection much improvement was still needed.

For example, while the person in charge was aware of and had access to the most recent infection prevention and control national guidance (for implementation shortly after this inspection), much of the guidance on file and the practice therein was out-of-date and retired. For example, the provider's COVID-19 policy on file was not the most recent version and guidance on facilitating safe visits was dated from 2021. In addition, while the suite of supporting infection prevention and control risk assessments were relatively recent these too required updating as they did not reflect current guidance or practice in the centre. For example, there was no risk assessment for the facilitation of staff breaks in the main kitchen while residents were also present. Cleaning guidance was in the process of being implemented but the inspector was advised that the colour-coded system of cleaning in use in the centre was and would be different from that outlined in the guidance. In summary, out-of-date and conflicting guidance was available to staff and all practice in the centre was not in line with the providers own and national guidance. This resulted in gaps in infection prevention and control measures. For example, based on what was observed and discussed there were no formal, reasonable, practical measures in place for detecting and monitoring for the presence of symptoms of COVID-19 or other communicable infectious disease amongst residents, staff or visitors to the centre. Monitoring for illness is an essential component of any effective infection prevention and control programme. Given this gap, there was an absence of assurance in the fact that a formal review of the outbreak of infection that had occurred in the centre had not yet been completed.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had taken meaningful effective action to improve the evacuation procedure. However, further review and discussion was needed so as to achieve the best possible safe evacuation time. This review needed to take into account the location of the fire but also the order of evacuation of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan reviewed by the inspector was of a good standard and completed in a respectful and meaningful way by staff in consultation with the resident. The plan and the supporting progress notes provided a clear pathway of the residents needs and wishes and the support and care to be provided so that the resident enjoyed good health and a good quality of life.

Judgment: Compliant

Regulation 6: Health care

The inspector found there was good oversight by staff of resident health and wellbeing. Access as needed to the relevant clinicians was facilitated and there was evidence of good communication between different clinicians and staff. Recommended monitoring and interventions were followed through on. Ensuring residents enjoyed good health included supporting residents to access national health screening and vaccination programmes.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training and had access as needed to the designated safeguarding officer. The details of and how to contact the designated safeguarding officer were also prominently displayed. A staff member spoken with said that while residents may have some limitations in their understanding of how to stay safe, they were consistently asked by staff if they had any worries or concerns and could communicate by word, gesture or behaviour if they had. Residents spoken with told the inspector that they were happy and life was good.

Judgment: Compliant

Regulation 9: Residents' rights

This was an individualised service where the support and care provided was planned and delivered to meet and respect the needs, abilities, wishes and circumstances of each resident. Despite advancing years residents had good independence in their daily life but also had the support from staff that they needed. The inspector saw and records seen indicated that residents had good choice and control over their routines such as when they went to bed and when they got up. Residents were

consulted with and had input into the care and support that they received.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0028754

Date of inspection: 20/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to come into full compliance with Regulation 23: Governance and management the Person in Charge will:</p> <ol style="list-style-type: none"> 1. Recruit and employ a competent acting team leader to cover upcoming fixed leave of the permanent social care leader 2. Introduce a system of reviewing all risk assessments in conjunction with the quarterly review of all incidents 3. A schedule of team meetings taking place every 6-8 weeks has been implemented for the rest of 2022 and the first half of 2023 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In order to come into full compliance with Regulation 26: Risk management procedures the Person in Charge will:</p> <ol style="list-style-type: none"> 1. Introduce a system of reviewing all risk assessments in conjunction with the quarterly review of all incidents 	
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>In order to come into full compliance with Regulation 27: Protection against infection the Person in Charge will:</p> <ol style="list-style-type: none"> 1. Update and streamline all the guidance relating to Infection Control in the designated 	

centre thereby bringing all information available for staff up to date.

2. All risk assessments relating to IPC measures will be reviewed and updated including the development of a risk assessment around the facilitation of staff breaks in the kitchen area.
3. The provider's cleaning guidance will be fully implemented in the designated centre.
4. A system for detecting and monitoring symptoms of COVID 19 or other infectious diseases for residents, staff and visitors will be agreed with the service provider and implemented in the designated centre.
5. A formal review of the designated centre most recent COVID outbreak will be completed

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 In order to come into full compliance with Regulation 28: Fire precautions the Person in Charge will:

1. Assess, review and update the designated centers fire evacuation plan in order to achieve the best possible safe evacuation time. This review will also clearly include the evacuation procedure in relation to the location of the fire as well as the order of evacuation of residents

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 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	31/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/11/2022
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	31/01/2023

	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)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/01/2023