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:	Adelaide Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0001527
Fieldwork ID:	MON-0033709

About the designated centre

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

Adelaide Road is a designated centre operated by Peter Bradley Foundation CLG. The designated centre provides 24 hour residential care for up to seven adults with acquired brain injuries.The centre comprises of two adjoining semi-detached houses in a South County Dublin suburban area. The centre can accommodate up to seven adult residents. Each resident is provided with their own bedroom. The centre is located near a village which offers residents local amenities and transport routes. The centre is managed by a person in charge who is also responsible for another designated centre located nearby. They are supported in their role by a team leader and a staff team of neuro-rehabilitative assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 (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 22 February 2023	10:00hrs to 16:45hrs	Ann-Marie O'Neill	Lead
Wednesday 22 February 2023	10:00hrs to 16:45hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

In line with public health guidelines, inspectors wore face coverings and maintained physical distance from residents and staff where possible throughout the inspection.

From what inspectors observed, there was evidence that the residents had a good quality of life in which their independence, positive risk taking and rehabilitation was promoted. However, it was noted that in one of the two houses, the communal space provided for residents continued to be limited for the number and assessed needs of residents living there. It was also noted that the premises layout and arrangements impacted on the infection prevention and control (IPC) arrangements in the centre and also the fire safety precautions particularly related to fire evacuation and some containment measures.

The centre comprised of two houses, located adjacent to each other in a South Dublin suburban area located within walking distance to local shops, bus routes, cafes, restaurants and local amenities. The centre was registered to accommodate up to seven residents. A few months prior to the inspection, some residents had transitioned from the centre and there had been an internal move of a resident from one house into the other. Therefore, at the time of the inspection there were six residents living in the centre and across both residential houses that made up the centre with one vacancy.

On this inspection, inspectors met briefly with residents present on the day of inspection and with one resident for a longer period of time. The resident was observed sitting in the living room area watching TV and welcomed inspectors and asked them to sit and chat for a short period of time. The resident did not wish to engage in any further conversation about the service they were receiving but did say that they liked living in the centre, that they had opportunities to go and engage in community based activities and pastimes and the staff were nice to them. Staff were observed to engage in pleasant and supportive interactions with residents also during the course of the inspection. Inspectors also observed residents leaving the centre to walk independently to the local village demonstrating a rights based approach to care where residents were supported to engage in positive risk taking and engage in self-directed and initiated activities.

While overall the houses, that made up the designated centre, were homely in aesthetic there were considerable improvements required to the overall premises in both houses. Inspectors observed many walls with chipped paint and in one bedroom a significant piece of paint work was missing from the bedroom wall. The kitchen in each home required upgrading and were observed to be scuffed and marked and could not therefore be cleaned to the most optimum standard. Communal space was limited in the homes particularly in one of the houses and this impacted on the space provided for residents to be able to congregate and spend time together in communal areas. Door frames and skirting boards in both houses

were observed to be heavily scuffed and damaged in some parts.

Ensuite bathrooms were also observed to require upgrades and improvements. Inspectors observed the grout on the tiles of some of the bathrooms as grimy, there was the presence of rust on a number of fixtures and the aesthetic and decor of the bathrooms required improvement to ensure they were homely in presentation while also able to meet the mobility needs of residents.

While cleaning rotas had been checked off as completed, inspectors observed some areas of the premises impacted on staff and residents being able to promote the most optimum infection control measures and precautions. Residents laundry facilities were not accessible for some of the residents living in the centre as they were maintained in a shed located to the rear of the centre.

In summary, inspectors noted overall resident's well-being and welfare was provided to a reasonably good standard however, the premises required upgrade throughout. Therefore, the centre could not be maintained to the most optimum infection control standard until such improvements were in place. Further improvements in the area of fire safety precautions were also required and it was noted the layout of the premises, particularly in one house, did not fully support the means of effective evacuation, some fire containment measures in the centre also required improvement.

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

Capacity and capability

Overall, the provider had put in place suitable reporting and accountability structures and management systems in place to ensure a safe service. The provider demonstrated they had the capacity and capability to assess the quality of service provision in the centre and identify areas where improvements were required. However, it was not fully demonstrated that the provider took timely and responsive action when issues were identified by them and this required improvement. Some improvement was also required by the provider to ensure they had effective arrangements for meeting their registration notification and application requirements.

The person in charge was in a full time position and was also responsible for one other centre located a relatively short distance away. They had recently been appointed to the position of person in charge and the provider had made arrangements to submit the required registration notification to the Chief Inspector. However, at the time of report there remained some outstanding documents which were required as part of the notification process.

The provider had put in place suitable management and oversight arrangements in the centre. There were clearly set out roles and responsibilities for each level of management of the centre. The person in charge reported to the services manager who in turn reported to the chief executive officer. The person in charge was supported in the role by a team leader who performed local day-to-day operational management duties across both designated centres also. Inspectors observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

A planned and actual roster was maintained which set out the name and role each staff member held and the shifts they had and were planned to work. While there was one staff vacancy at the time of inspection, the centre staffing resources were suitably covering shifts and there was an active recruitment drive underway to fill the vacant position.

There were management oversight systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, some improvement was required to ensure timely and effective action was taken by the provider when they self-identified areas for improvement in the centre.

A non-standard restrictive condition had been added to the registration of this designated centre in 2021 as part of it's registration renewal. The condition had required the provider to come into compliance with Regulation 17: Premises by a specific date in February 2023. As found on this inspection, the provider had not addressed the premises non-compliance due to circumstances outside of their control. On the day of the inspection the provider made arrangements to submit an application to vary the time line of centre's non-standard restrictive condition, to the Chief Inspector.

While this was a suitable action for the the provider to undertake, it was not demonstrated that the provider had made timely and suitable arrangements to inform the Chief Inspector of these matters well ahead of time and to make an application to vary the condition time-line to reflect the change in circumstances when they had become aware of them a few months prior. The time-line end date of the condition was due to expire within a very short time-frame after the inspection.

The provider's oversight arrangements for ensuring they met all conditions of registration, including non-standard conditions for their designated centres, required improvement.

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents.

A planned and actual roster were maintained for the designated centre.

There was one vacancy at the time of inspection but recruitment was underway.

Inspectors observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place good oversight and management arrangements for the centre, however, some improvement was required.

The provider had completed an annual review of the quality and safety of the service and audits to review the quality and safety of care in the designated centre.

While provider audits were effective at identifying risks, there was a lack of evidence of timely action taken to address areas of improvement identified in those audits and in some instances it was unclear who had overall responsibility for addressing some of the issues identified in provider-led audits.

For example, an IPC audit identified infection control risks to do with the premises, in particular the bathroom areas. However, there had been limited action taken to address these issues in the short-term. The provider was intending to address these issues as part of an overall upgrade of the premises. However, premises upgrades had been identified as being required since 2021 but there had been no interim arrangements made to mitigate these issues in the meantime.

In addition, a six monthly provider-led audit had identified that there was damage to paint work in two of the residents bedrooms.The person in charge told the inspectors that they were waiting for the house renovations to be completed before areas that required re-painting were addressed. However, inspectors also noted there was conflicting information which set out that maintenance works, such as painting, were to be sourced by the local management team in order to maintain the upkeep of the house.

The provider's oversight arrangements for ensuring they met all conditions of registration, including non-standard conditions for their designated centres, required improvement.

The provider had not made arrangements to submit an application to vary a condition of their registration in a timely manner and at a time when they were aware they would not be able to meet the non-restrictive condition time-line. The provider made arrangements on the day of inspection to submit an application to

vary the condition, however, improvements in this regard were required.

Judgment: Substantially compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had submitted an notification to inform the Chief Inspector of a change of person in charge as required by the regulations.

However, information required for the purposes of processing the notification had been submitted incomplete for some items and for others did not meet the information requirements.

The provider was requested to resubmit this information, however, the information re-submitted continued to not meet the requirements in some instances and remained incomplete for other items.

For example:

- Section 6.1 of the personal information form had not been completed.
- A reference from a previous line manager (last employment) had not yet been submitted.
- A medical declaration form had been submitted but did not have a name and signature in declaration section.

The provider was required to submit the required information in a complete and correct format in order to meet the requirements of Registration Regulation 7.

Judgment: Substantially compliant

Quality and safety

Overall, residents' welfare was maintained to a reasonably good standard of care and support. However, the premises was continuing to have a negative impact on the overall quality of the care and support that could be provided to residents due to it's layout and configuration. In addition, it was found the premises also impacted on the fire safety and infection prevention and control measures in the centre.

As found on the previous inspection, the communal area in one of the two houses was observed to have limited space considering the number and needs of residents living there. It comprised of the kitchen, dining area and sitting room area. Some the residents in the house had mobility needs and required the use of mobility aids. While it was noted the number of residents living in the home had reduced from

three to two since the previous inspection, there continued to be limited communal space for residents living in the centre and the vacant spare bedroom, located on the ground floor, had not been refurbished and remained an unused space.

Further improvements required to the premises, in relation to accessibility and falls prevention risks of residents, had also not been addressed since the previous inspection. For example, the previous inspection had noted an occupational assessment of a resident's bedroom en-suite facility required an occupational therapist assessment in relation to the suitability of its layout to meet the resident's needs. On this inspection it was not demonstrated that suitable arrangements had been made to the resident's en-suite and bedroom facilities on foot of such an assessment. There continued to be a personal risk of falls presenting in the centre which required comprehensive action and mitigation management arrangements by the provider and person in charge in this regard.

While the provider had made suitable arrangements, in the main, to ensure appropriate fire safety precautions across both residential houses that made up the designated centre, improvements were required.

The sleep over arrangements in one house impacted, not only on the timeliness of staff support for residents at night time, but also on the arrangements for evacuation.

Sleep over staff, in one of the houses, were required to travel a distance to access the sleeping quarters of residents in order to assist them in evacuating. For example, staff sleep over arrangements were located in the upstairs part of the building which was not connected to the resident living and sleeping areas. If residents required support during the night time or in the event of the fire alarm sounding, staff were required to descend stairs, check the fire panel to assess the zone panel, retrieve a key, exit the front door and move outside and to the rear of the house and access residents' bedrooms from the back of the house.

Overall, this arrangement did not promote effective evacuation procedures for residents and further demonstrated the impact of the premises configuration and layout on the quality of support provided for residents should they require assistance.

There were also improvements required to the overall containment measures in the centre. Not all doors were fitted with door closing devices and smoke seals were not in place which would contribute to the containment of smoke. The door leading to the attic space was not a fire door and inspectors observed a large volume of PPE and other items stored in the attic space which did not contribute to good fire safety risk management.

The person in charge outlined their plan to move the sleepover quarters for staff to the vacant bedroom space within the house to improve the support arrangements in the home. While this strategy could provide improved support arrangements, the vacant bedroom space, which was located adjacent to the kitchen area, required review as the containment measures offered by the bedroom door could become compromised should staff enter the main part of the home through the kitchen

space and not via the external door also located in the bedroom space.

Residents were provided with appropriate healthcare planning and supported to receive regular and timely health checks. Where required residents received GP reviews and check ups following accidents or at times of illness.

Inspectors saw that risk management arrangements were in place and residents had opportunities to take positive risks as part of their daily routine and to promote their independence. However, residents' personal risk assessments and their associated assessed level of risk did not match the overall risk rating in the centre risk register.

The risk register required updating to reflect the overall presenting risks in the centre to better inform the provider of the overall risk profile for the centre.

Regulation 17: Premises

The provider had not made suitable arrangements to address areas of non-compliance relating to the premises.

The layout and configuration of one house that made up the designated centre, impacted on sleep over staff being able to provide support to residents in a timely manner.

The communal area in one of the two houses was observed to have limited space considering the number and needs of residents living in the house.

The laundry facilities for this house were located in a shed in the back garden which was not accessible for a number of the residents living there.

Upkeep and maintenance was required throughout the centre. There were areas of the premises that were not maintained in a good state of repair, inspectors observed scuffed and damaged skirting and door jams, the kitchen units were damaged and scuffed and paint was observed to be missing or chipped in a number of areas.

Some residents' toilet and bathing facilities were not homely in design and aesthetic.

The previous 2021 inspection noted that a resident's en-suite facility had required an occupational therapist assessment in relation to the suitability of its layout to meet the resident's accessibility needs. On this inspection it was not demonstrated that suitable arrangements had been made to meet the matters of that assessment. This required improvement.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Residents were supported to take positive risks with due regard for their safety also considered, for example residents were observed travelling independently to the local village on self-directed errands/activities.

Residents' personal risks were assessed and detailed control measures documented and in place to mitigate adverse incidents from occurring.

However, the overall risk register for the designated centre did not reflect accurately the personal risks and their associated risk rating. For example, access and egress, risk of falls; was risk rated as low on the risk register, however, there was an ongoing known high risk of falls for residents living in the centre and a number of falls related injury notifications had been notified to the Chief Inspector for this designated centre.

This required review and improvement to ensure the overall risk register for the centre was accurately reflecting the actual risks in the centre to better inform the provider of the risk profile for the centre.

Not all falls risk mitigation measures were in place at the time of inspection, the provider had not made suitable arrangements to ensure residents shower/bathing and bedroom facilities met their mobility assistance needs. This required improvement due to an ongoing pattern of falls occurring in the centre which had resulted in some residents requiring medical treatment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspectors saw that the arrangements in place in relation to infection prevention and control (IPC) in the designated centre were not in line with the national standards for infection prevention and control in community services.

The centre did have an up to date IPC policy which was shared with the team and staff were seen adhering to standard precautions throughout the day, however, the overall premises impacted on staff and the provider's ability to ensure optimum standard precaution implementation.

Improvements in IPC included:

- The local IPC audit had identified a number of areas for improvement but it

was not demonstrated that suitable action had been taken to mitigate and address the areas identified. For example, the audit had identified a cracked window sill, decayed shower tiles and rust on handrails, as potential IPC risks, but on the inspection these issues were still present.
- Some of the furniture was damaged and therefore could not be effectively cleaned.
- Skirting boards and door frames were observed to be damaged in areas.
- There was no designated hand wash area in either kitchen.
- A number of residents bedrooms were not maintained to a good standard of cleanliness, inspectors observed dirt on the floor and dust on the ceiling in some of the bedrooms.
- The bathrooms were also observed to require upgrades and improvements in order to promote good IPC arrangements for example, inspectors observed the grout on the tiles and there was the presence of rust on a number of fixtures.

Judgment: Not compliant

Regulation 28: Fire precautions

Both the fire safety register and fire drill log was up to date, with fire drills carried out monthly and a night-time simulated drill was also practiced.

Each resident had a personalised emergency evacuation plan (PEEP) in place which set out the supports they would require in the event of an evacuation.

Inspectors also noted evacuation doors led from a number of resident's bedrooms which formed part of the overall evacuation arrangements for residents and meant that residents with additional mobility needs could be evacuated by staff moving them on their beds out of the premises, if so required and in line with their evacuation needs.

Inspectors asked how would new staff coming on shift know what to do in event of an emergency evacuation and were told that all emergency evacuation plans including fire were in the staff office and new staff were directed to read on arrival at handover.

While the provider had made suitable arrangements to ensure appropriate fire safety precautions across both houses improvements were required:

The premises layout and arrangements impacted on the fire safety precautions particularly related to fire evacuation and some containment measures.

- Not all doors were fitted with door closing devices and smoke seals were not in place which would contribute to the containment of smoke.
- The door leading to the attic space was not a fire door.
- Inspectors observed a large volume of PPE and hand sanitiser and other

items stored in the attic space which did not support overall good fire safety risk management.
- The staff sleep over arrangements impacted on the arrangements for evacuation. Staff were required to travel a distance to access the sleeping quarters of residents in order to assist them in evacuating.

The person in charge outlined their plan to move the sleepover quarters for staff to the vacant bedroom space within the house to improve the support arrangements in the home at night time. However, this required review and assessment by a qualified person in fire safety precautions to ensure this was a suitable option.

It was noted the vacant bedroom was located off the kitchen area which meant if a sleep over staff accessed the house through that door, to travel to residents' bedrooms, this could compromise the overall containment measures in the home.

Overall, the provider was required to assess the fire containment and evacuation arrangements in the centre to ensure premises improvements and upgrades also improved the fire safety measures in the home and to ensure any potential change of sleep over arrangements would not impact on the current containment measures in place.

Judgment: Not compliant

Regulation 6: Health care

Residents' health care needs were monitored by the staff team in the designated centre along with the person in charge. Staff supported residents to attend any required health appointments and to attend follow-up appointments as required.

Inspectors viewed a sample of residents' care plans which included guidelines around residents medical needs including epilepsy management.

Each resident had a hospital passport in their file which set out their health and support needs and could be utilised in a hospital or emergency care setting if required.

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 23: Governance and management	Substantially compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for Adelaide Road OSV-0001527

Inspection ID: MON-0033709

Date of inspection: 22/02/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An application to vary the timeline of the restrictive condition was submitted on the 22.02.2023. The PIC will review all risks in the designated centre and ensure that they are appropriately calculated with all risk RAG ratings matching in any location that they are on file. This will be completed by the end of April 2023. Quality Dept will review oversight of HIQA notifications and incident reporting trends to ensure appropriate and timely response.	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: All required information for the NF30A will be submitted to HIQA.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Building works as outlined in the application to vary are due to commence during Q2 of 2023. This will be completed by end of Q4 2023 as outlined in same ATV. The PIC has arranged paint works in persons served bedroom to be completed by 30.04.2023. The PIC has removed any rusted items and replaced with plastic items. All other fixtures	

and grout of tiles will be cleaned or replaced. The residents bathrooms will be upgraded according to the Occuaptional Therapist recommendations following their assessment.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will review all risks in the designated centre and ensure that they are appropriately calculated with all risk RAG ratings matching in any location that they are on file. This will be completed by 30.04.2023 Quality Dept will review oversight of HIQA notifications and incident reporting trends to ensure appropriate and timely response. The registered provider has secured a contractor to commence the recommended works to improve the communal area in achieving and promoting accessibility. Showers & Bathroom areas are scheduled to be upgraded to meet the needs of the residents within the designated service and further mitigate risk of falls. This will be completed in line with the upgraded works during 2023.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection: PIC has arranged for some improvements in the bedrooms regarding paintwork. The Occupational Therapist has completed an assessment on 28/02/2023 in the residents' bathrooms prior to work taking place to improve the bathroom meet the needs of the residents. The PIC is currently sourcing a suitable fabric to reduce the risk of any further damage. Skirting boards and door frames will be painted and repaired during the new building works The PIC has arranged for the paintwork and all areas to be cleaned and maintained at a high standard of cleaniness. The PIC will include the deep clean on the cleaning log. The PIC has removed any rusted items and replaced with plastic items in March 2023. All other fixtures and grout of tiles will be cleaned or replaced. The residents bathrooms will be upgraded according to the Occuaptional Therapist recommendations following their assessment.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has arranged an external review from a fire safety consultant to assess fire safety in the service, including fire doors and sleepover arrangements. All Fire Safety measures for detecting, containing, evacuating will be reviewed in line with the planned works in Q2 and in line with legislation. The large volumes of PPE stock in the loft were removed in March 2023 and this area was organised appropriately.

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
Registration Regulation 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	14/04/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required,	Not Compliant	Orange	31/12/2023

	with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	30/06/2023

	to address any concerns regarding the standard of care and support.			
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	31/12/2023
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(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2023
Regulation 28(3)(a)	The registered provider shall	Not Compliant	Orange	31/12/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
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.	Not Compliant	Orange	31/12/2023