



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

Issued by the Chief Inspector

Name of designated centre:	Ros Mhuire
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0001706
Fieldwork ID:	MON-0024948

About the designated centre

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

Ros Mhuire is a designated centre operated by Sunbeam House Services CLG located in a small town in County Wicklow. It provides a community residential services to four people, male and female, with intellectual disabilities. The designated centre consists of two sitting rooms, kitchen, dining room, four individual bedrooms, staff bedroom, office and a number of shared bathrooms. There is a well maintained garden to the rear of the centre. The centre is staffed by a person in charge and social care workers. The person in charge works in a full time capacity and they are also responsible for a separate designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 12 May 2021	11:00hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were supported to enjoy a good quality life and to make choices and decisions about their care. Overall, the provider and management ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. The residents in this centre were empowered to live life as independently as they were capable of.

The inspector met with all four residents living in the centre. Conversations between the inspector and the residents took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

Residents told the inspector that they were very happy living in the house and that they enjoyed the company of their housemates. Overall, residents were happy with the decor and layout of their bedrooms. Some residents informed the inspector that they recently had their room freshly painted and that they had chosen the colour of the paint. However, two residents told the inspector that they were waiting on maintenance work to be completed in their rooms before an upgrade to their storage space could commence. The inspector viewed one of the rooms and saw that the wardrobe was in disrepair with insufficient storage space. Furthermore, the inspector observed a plug-in radiator in the bedroom and was informed that it was needed at times to provide sufficient heat in the room.

In advance of the inspection, all four residents had been supported by staff to complete a Health Information and Quality Authority (HIQA) questionnaire. Overall, the residents noted that they were happy with the support provided to them and the quality of service delivery. Similar to their conversations with the inspector, residents noted that overall they were happy with their bedrooms however, one resident noted that would like their room to be warmer.

The inspector observed the house to have a homely feel. Residents' framed artworks were hanging on the hall walls alongside numerous photographs of residents enjoying a variety of activities. For the most part, the inspector observed the physical environment of the house to be clean and in good decorative repair with many areas of the house freshly painted. However, the inspector observed that structural work was warranted to a number of areas in the house, all of which are address in the quality and safety section of this report.

Residents' personal plans demonstrated that residents were facilitated and encouraged to engage in their communities in a meaningful way. Due to the current health pandemic restrictions, community activities were limited however, despite this situation residents were supported to engage in a choice of activities. Residents enjoyed going for hikes in the local wooded areas and walks along the beach in the nearby town. Residents also enjoyed participating in online dance, exercise and music classes. Furthermore, residents were supported to engage in a number of

educational, art and craft, woodwork and information technology activities in the centre. Previous to the current health pandemic restrictions, all residents had been attending a day service facility in the community however, this service was now being provided from their home. All of the residents advised the inspector that they preferred the service being delivered this way and that they were happy for it to remain in place when the restrictions ended.

On the week of the inspection, due to the change in some of the COVID-19 restrictions, residents had enjoyed returning to a number of activities that were previously not available. A number of residents had visited the local driving range to enjoy golfing activities and on the day of the inspection, all residents had attended an appointment with their local barber or hairdresser. The residents told the inspector that they were delighted to have returned to these activities and appeared happy with their new hair styles and the compliments they received about them.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents told the inspector about a community walking challenge they had recently participated in. One of the residents proudly showed the inspector a framed 'Certificate of Achievement' which they received on completion of the challenge. A number of residents informed the inspector that had decided to continue with the walking activity after the challenge was completed in an effort to keep fit and healthy.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, community activities and other matters were discussed and decisions being made. Residents talked to the inspector about the different tasks they enjoyed doing around the house such as helping prepare meals, tidying up after mealtimes and helping out with the laundry and ironing.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Overall, the systems in place in the centre endeavoured to ensure that residents were in receipt of good quality care and support. However, to ensure a better lived experience for residents, a number of improvements were required to the structural repair of the centre and in particular the timeliness of addressing the repairs. This is discussed further in the next two sections of the report.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

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

delivered to each resident living in the centre.

Capacity and capability

The inspector found that overall, a good quality service was being provided to the residents living in the designated centre. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support. All actions from the last inspection in 2019 had been completed and had resulted in positive outcomes for residents. In particular, an additional staff member had been included on the roster to provide support to the residents during Monday to Friday. However, to ensure a better and safer lived experience for residents, the inspector found that a number of improvements were required to the areas of staff training, premises, fire precautions and infection control. The latter three are addressed in the quality and safety section of this report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since December 2019 and an update was required in advance of the designated centre's registration renewal.

Overall, the inspector found that the local governance and management systems in place in the centre operated to a good standard. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of each resident and the supports required to meet those needs. There were clear management structures in place in the centre. There was a comprehensive auditing system in place by the person in charge (assisted by the deputy manager) to evaluate and improve the provision of service and to achieve better outcomes for residents. The person in charge carried out a schedule of audits on a monthly and quarterly basis that related to the care and support provided to the residents living in the centre.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. Furthermore, the provider had ensured there were adequate contingency plans in place during the current health pandemic. The person in charge, supported by senior management, had put in place individualised self-isolation plans and individualised risk assessments for all residents to better ensure their safety and welfare in the event of an outbreak.

An annual report, to ensure that service delivery was safe and that a good quality service was provided to residents, had been completed in 2020. However, the inspector found that the annual report completed in 2021 was not adequate; the report had been included as an update on the 2020 annual report rather than a separate report. In addition, the update had not addressed a number of actions identified in other audits during the period of the review. For example, required

maintenance work to the premise had not been addressed. Similar inadequacies were found in the centres' two six monthly reviews during 2020. Furthermore, the system in place for residents and their families to be involved in the consultation process of the annual review required reviewing. This was to ensure that review promoted and encouraged maximum participation of families in the consultation process.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Where a staff member had to leave unexpectedly, the inspector saw that residents had been provided with an explanation and recruitment plan to ensure they were informed and aware of the changes. Overall, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge divided their role between this centre and one other. The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the individual and collective rights of the residents living in this centre. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

Improvements to staffing levels had been put in place since the last inspection which resulted in positive outcomes for residents.

The staff roster was maintained appropriately and clearly recorded when the person in charge was present in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place for all staff working in the centre. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date.

However, a number of staff were due refresher training that was specific to the residents' assessed needs including autism and the management of behaviours that is challenging including, de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The local governance and management systems in place in the centre operated to a high standard. There was a comprehensive auditing system in place by the person in charge (assisted by the deputy manager) to evaluate and improve the provision of service and to achieve better outcomes for residents.

However, the designated centre's annual report which was completed 2021 was not adequate; the report had been included as an update on the annual report that had

been completed in 2020 and similar to the providers' six monthly reviews, had not addressed a number of the actions identified in other audits during the period of the reviews.

The system in place for residents and their families to be involved in the consultation process of the annual review required reviewing so that it promoted and encouraged maximum participation of families.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

All resident's had been provided with a contract of care which was up-to-date and signed by the resident and the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. Residents were aware of who they

could make a complaint to and told the inspector that if they were to make a complaint, they were assured that it would be listened to and appropriately dealt with by staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

A closed-circuit television (CCTV) system was in place for the external areas of the house as a security measure however, the organisation's CCTV policy had not been reviewed since 2016 and was exceeding the three yearly review regulatory requirement.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were encouraged to live as independently as they were capable of. However, to better ensure the lived experience of residents, including their safety at all times, the inspector found that improvements were required to the systems in place for ensuring required maintenance works were identified and completed in a timely manner.

Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure in the house. For the most part, the physical environment of the house was clean and tidy and in good decorative repair with some areas of the house recently painted. However, there were a number of repairs required to the premises, some of which had been identified by local management over a year ago but had not yet been completed. Some of the outstanding maintenance work meant that a number of residents did not always have sufficient heat or storage space in their bedrooms. Other outstanding maintenance work, such as chipped paint and mould, resulted in an increase risk of infection for residents.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The majority of staff had completed specific training in relation to the prevention and control of COVID-19. Overall, the house was clean and cleaning records demonstrated that staff were working in line with the cleaning

schedules in place. However, improvements were required to the hand drying facilities in all of the house's toilets and bathrooms to ensure adequate infection control measures were in place. Furthermore, and as mentioned above, a number of areas in the house required maintenance work to ensure better ventilation and mitigate the continued growth of mould.

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. The plan included an assessment of the residents' healthcare needs and supports required to meet those needs. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP) which included an annual health check for each resident. The inspector found that the residents' healthcare plans were up-to-date and regularly reviewed. Where appropriate residents were facilitated to attend national screening appointments.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis. There were a small number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. The inspector reviewed a sample of adverse event records and found them to be detailed in the immediate actions taken to keep residents safe and where required, management had made contact the relevant parties in the event of safeguarding concerns.

Overall, the inspector found that the provider had systems in place to ensure residents were safeguarded from all forms of abuse including financial abuse. Following an adverse event in 2020, staff had been provided with further training in safeguarding which focused specifically on safeguarding residents' finances. In December 2020 the Client Money and Property Policy was updated to better ensure the protection of residents' finances. Furthermore, the person in charge carried out monthly audits of residents' finances to ensure their accounts were maintained appropriately.

The inspector found that overall, there were appropriate systems in place for the prevention and detection of fire. Staff had received training in fire prevention and emergency procedures and the centre's fire fighting equipment and fire alarm systems were serviced and checked in line with regulation requirements. Fire safety checks took place regularly and were recorded appropriately. There were adequate

means of escape, including emergency lighting.

Fire drills were taking place at suitable intervals. However, not all recently employed staff, who had been rostered on lone-working shifts within the first week of their employment, had been provided adequate information of all the procedures to be followed in the case of fire.

The inspector found that there was a personal evacuation plan in place for one resident who was deemed as requiring support with their evacuation needs and their support needs were outlined in this document. The inspector was advised that three other residents were not provided with this plan because the residents did not require support with regards to evacuation, in the event of a fire. However, there was no documentation in place to outline how each of the resident's evacuation needs was determined.

Regulation 17: Premises

There were a number of repairs required to the premises, some of which had been identified by local management over a year ago but had not yet been completed.

There was a strong odour of damp in the main shower room. The cupboard door in this room was in disrepair and had mould throughout most of the bottom part of it. The extractor fan in the shower room required cleaning.

Two skylight windows in the centre had mould growing on them.

The two small latch doors (and their frame) on the counter top in the kitchen had a significant amount of peeling paint on them.

There was insufficient storage room in one bedroom and the wardrobe was in need of decorative repair.

Two rooms in the house required dry-lining to mitigate the continued growth of mould. One bedroom was not providing sufficient heat and, at times, an additional plug-in radiator was required.

A section of the mechanical devise, which is required to hold the door open in the sitting room, was coming loose at the wall.

Judgment: Not compliant

Regulation 26: Risk management procedures

The risk management policy contained the information required by the regulations and had been reviewed and updated in line with the timeframe identified in the regulations. There was a risk register in place in the house and evidence that it was regularly reviewed and updated. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control. They had also adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic.

Overall, the premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned. However, improvements were required to the hand drying facilities in all of the house's toilets and bathrooms to ensure adequate infection control measures were in place.

A number of areas in the house required maintenance work to ensure better ventilation and mitigate the continued growth of mould however, this is addressed in Regulation 17, Premises.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that there was a personal evacuation plan in place for one resident who was deemed as requiring support with their evacuation needs and their support needs were outlined in this document. The inspector was advised that three other residents were not provided with this plan because the residents did not require support with regards to evacuation, in the event of a fire. However, there was no documentation in place to outline how each of the resident's evacuation needs was determined.

Furthermore, in light of the above findings, a review of the organisation's Fire Prevention & Emergency Evacuation Best Practice Plan was required.

On the day of inspection, the inspector found that not all recently employed staff, who had been rostered on lone-working shifts within the first week of their

employment, had been provided adequate information of all the procedures to be followed in the case of fire.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported and encouraged to live a healthy life through diet, nutrition and physical activities. The inspector observed the weekly menu plan in the residents' kitchen and found that the choice of meals offered was varied, nutritious and in line with each resident's likes and tastes.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis.

Judgment: Compliant

Regulation 8: Protection

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. The provider had systems in place to ensure residents were safeguarded from all forms of abuse including financial abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the rights of the residents were being promoted. There was evidence to demonstrate that residents were consulted and made decisions regarding the service and supports 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ros Mhuire OSV-0001706

Inspection ID: MON-0024948

Date of inspection: 12/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Due to Covid Restrictions in place many courses had to be postponed. MAPA was one of these courses. Staff members who are due their refresher have been extended to the 31st August 2021. One employee is booked in for the full course on the 15th July 2021. Staff have access to complete Autism awareness HSE training online, all staff will complete this by 31st August 2021. This is dependent on HSE site being accessible following the cyber-attack.</p>	
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>The providers annual report will be redone to ensure it reflects the current year only. Alternative methods to seek feedback from family members will be used going forward.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The CCTV policy has been reviewed and is currently being updated. The provider has a policy review system in place to ensure Policies are reviewed within the recommended timeframe.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The extractor fan was cleaned down and working more efficiently drawing out the smell of damp caused by use of the shower. There is no evidence of damp within the room. The mould has been removed locally.

The cupboard door has been removed and a sanitary standard door has been ordered and should be installed by our maintenance tech in the coming week (deadline 25th July 2021).

One of the skylights will be dealt with on the return from the handyman as this will be removed and the skylight will be painted up. (deadline 25th July 2021)

The second skylight repairs have been completed.

The small latch doors and their frame will be repainted. This will be carried out before. (deadline 25th July 2021)

Currently there is a floor to ceiling height wardrobe with a chest of drawers in one residents bedroom. There is an upgrade to this room proposed and additional folding storage area will be facilitated as part of the redesign.(12months process – end date 16 June 2022).

There is drylining proposed to both rooms, however Damp was found in one room and repairs have been carried out to date to mitigate further damage.

The second room is not ventilated well and contributes to condensation build up on the windows. Additional cleaning products have been supplied to the property to remove the mould build up as a result of condensation.

The dry lining proposed for both rooms to eliminate the coldness (12months process – end date 16 June 2022).

Work was completed to repair mechanical device which was becoming loose at the wall.

Regulation 28: Fire precautions

Substantially Compliant

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

The provider will review and amend their current evacuation assessment framework to include a section which will highlight any potential risks for the resident in evacuating safely and reaching a safe location in the event of a fire, furthermore the resident will

take part in regular fire evacuations this will inform the ongoing safety plan for the resident and should the resident require any verbal or physical prompts or supports a Personal Emergency Evacuation Plan will implemented.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
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.	Not Compliant	Orange	25/07/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review	Substantially Compliant	Yellow	30/06/2021

	of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/06/2021
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 to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	21/06/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in	Substantially Compliant	Yellow	12/05/2021

	place.			
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	26/07/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/05/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2021