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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Walk C |
| Name of provider: | Walkinstown Association For People With An Intellectual Disability CLG |
| Address of centre: | Dublin 12 |
| Type of inspection: | Unannounced |
| Date of inspection: | 25 October 2023 |
| Centre ID: | OSV-0003406 |
| Fieldwork ID: | MON-0038545 |

## About the designated centre

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

Walk C comprises three residential homes for up to nine people and aims to support residents to live socially inclusive lives. Two of the houses in the centre aim to deliver a service for those with dementia. Staff are trained to support each person living in the house and ensure the identified goals in the care plan are being worked on. In each home that makes up the centre, residents are provided with an individual bedroom, shared kitchen, living and dining spaces, bathrooms and gardens. Each home that makes up the centre is also situated near local community and leisure facilities such as pubs, cafés, fitness centres and churches.

**The following information outlines some additional data on this centre.**

| Number of residents on the date of inspection: | 5 |
|---|---|

# How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 25 October 2023 | 10:00hrs to 18:10hrs | Kieran McCullagh | Lead |
| Wednesday 25 October 2023 | 10:00hrs to 18:10hrs | Karen McLaughlin | Support |

## What residents told us and what inspectors observed

This was an unannounced inspection completed over one day and was facilitated by the person in charge. Over the course of the day, inspectors visited the three homes that made up the centre, met with staff members on duty and with four of the residents who lived there. Inspectors used conversations, along with a walk around of each premises, a review of documentation and observations of care and support to inform their judgments on the quality and safety of care.

The centre was registered to accommodate nine residents, it comprised of three homes; two houses and one apartment. One house accommodates one resident. The second house can accommodate up to four residents, with two living there at the time of inspection. The apartment could accommodate up to four residents, with two residing there on the day of inspection. There were four vacancies at the time of inspection.

One inspector commenced the inspection at the house with one resident, where they were greeted by the resident and the staff member on duty. The resident was relaxing in the living room at this time and had just finished breakfast. The house had a combined living and dining area, one bathroom, a resident's bedroom, staff bedroom and office, and a well-equipped kitchen. The premises was observed to be clean and tidy and was decorated with the resident's personal items such as photographs, ornaments, soft furnishings and seasonal decorations.

The resident spoke to the inspector about their experience in the centre and that they were "very happy" living in their home. They spent time showing the inspector family photographs and pictures from a recently celebrated birthday. The resident spoke to the inspector about how they spend their week, which included trips out for meals, shopping and spending time with family and friends. The inspector observed that there was emergency lighting in the home, however there was no emergency lighting placed over fire exits. In the absence of a risk assessment, the inspector was not assured that the emergency exits were sufficiently illuminated or signposted.

In the second house, another inspector met with the two residents that lived there. Both residents, showed the inspector around the house and their respective bedrooms. Overall, the house was homely, with photos of the residents on the walls. There was sufficient communal space for both residents to access. Both residents spoke to the inspector about their experience living in the centre and how much they liked it. One resident was being supported to pick out a new pair of shoes online before going to try them on. Staff also informed the inspector that one of the residents had grown up locally in the area and was well known in the community.

In this premises, the provider had added a sheltered outdoor area for residents who smoke. However, the inspector observed evidence that smoking occurred in the home, at a door leading into the garden where the sheltered area was located.

There was scorch marks observed on the wooden flooring at this exit and when the inspector asked whether a risk assessment was completed regarding the resident smoking, they were informed there was no risk assessment in place to monitor or manage this risk because the resident does not smoke in the house.

In the afternoon, both inspectors visited the third house in this designated centre. They were greeted by a staff member on duty and shown around by one of the residents who lived there. The resident spoke to inspectors about how they spend their week, which included attending community based art classes, working part-time in a local cafe and gardening. The resident told inspectors they ''loved living'' in their home but that they were missing their friend who was in hospital.

Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. From speaking with residents in all three houses and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

Generally, the premises was well maintained however, some minor upkeep was required. These matters had been reported by the person in charge to the provider. For example, small specks of mould observed around up-stairs bathroom window and on the ceiling in the downstairs hallway. Inspectors also observed a large amount of brown staining on the ceiling in a downstairs bedroom. The person in charge advised that this was a result of a leak, which had been recently repaired but required re-painting.

The person in charge described the quality and safety of the service provided in the centre as being very good and personalised to the residents' individual needs and wishes. They spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. The person in charge spoke about the changing needs of one resident and supports in place to manage same.

The person in charge advised that this resident had been hospitalised at the start of October due to a decline in their mental health. As a result of this the person in charge had implemented a suite of restrictive practices in the home. Although these restrictive practices had been authorised and reviewed by the provider's restrictive practice committee, they had not been notified to the Chief Inspector. In addition, quarterly notifications had not been submitted in respect of 2023, as required by the regulations. This is discussed further in the report.

On speaking with staff throughout the day, inspectors found that they were knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and preferences. Inspectors also observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

From what inspectors were told and observed during the inspection, it was clear

that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. However, improvements were required with regard to notification of incidents and risk management, which is discussed later in the report.

Inspectors found that the provider and person in charge were striving to ensure that the governance and management arrangements in place provided a safe and good quality service to residents. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and they held responsibility for the day-to-day operation and oversight of care. They were supported by a social care leader in each premises and a person participating in management, all of whom were knowledgeable about the support needs of residents.

The provider had completed an annual review of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. A six monthly unannounced visit had taken place in May 2023 to review the quality and safety of care and support provided to residents and an action plan with allocated actions and time scales was in place. In addition, the provider had made arrangements for a revision of the organisational Infection Prevention and Control Policy and the implementation of bi monthly IPC audits.

The person participating in management met with the person in charge on a regular basis to monitor any issues that were arising and track actions that were completed or required completion or escalating. There was an effective complaint's procedure that was in an appropriate format which included access to a complaints officer when making a complaint or raising a concern. There were relevant policies and

procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

Overall, inspectors found that the governance and management arrangements had ensured safe, high quality care and support was received by residents. While there was some improvement required in relation to the systems in place to oversee notification of incidents and risk, it was found that there were effective monitoring systems in place to oversee the consistent delivery of quality care.

## Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for inspectors to view. Inspectors reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were management systems in place to ensure that the supports provided were safe and appropriate to residents' needs. Staff meetings were regularly taking place, which provided staff with opportunities to raise any concerns they may have or improvements that could be made to the quality of the delivery of service to residents.

The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. The designated centre had clear action plans and audits carried out in the centre were up to date, with actions identified progressed in a timely manner. Audits carried out included six-monthly unannounced visit reports, an annual review of the quality and safety of the service, and audits on infection prevention and control (IPC) and medication.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider submitted an up-to-date statement of purpose. The statement of purpose contained all required information, as per Schedule 1. It accurately described the service provided in the designated centre and was reviewed at regular intervals.

A copy was readily available to inspectors on the day of inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

Inspectors found that improvements were needed so that there were effective information governance arrangements in place to ensure the designated centre complied with notification requirements at all times.

Not all incidents had been reported as required. Inspectors were informed of a recent safeguarding incident and hospital admission that had not been notified within the required time period.

In addition, quarterly notifications had not been submitted in respect of 2023 and a number of restrictive practices in place in one premises had not been reported to the Chief Inspector, as required by the regulations.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. A complaints officer had been appointed to deal with complaints, as outlined in the organisation’s complaints policy.

Inspectors found that the residents were aware of the complaints process and it was available in an easy-to-read format. Residents told inspectors they would be supported by staff to make complaints regarding any issues affecting them.

At the time of inspection there were no open complaints.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. Inspectors reviewed a sample of the policies during the course of this inspection. The provider ensured that all policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

## Quality and safety

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times, but some improvements were required.

Inspectors found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. They observed residents to have active lives and participate in a wide range of activities within the community and the centre. Residents chose to live their lives in accordance with their will and personal preferences. Residents spoken with were happy in the centre, and inspectors found that the service provided to them was safe and of a good quality.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

The provider had implemented a range of infection prevention and control measures, following previous inspection. There was an infection control policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of inspection.

Generally, the premises was well maintained, however some minor upkeep was required. For example, mould observed around up-stairs bathroom window and on the ceiling in the downstairs hallway and brown staining visible on the ceiling of a

bedroom. These issues had been reported by the person in charge to the provider.

There was a system in place to monitor and assess risks present in the centre. Inspectors reviewed records in relation to risk management and found that the system of record keeping was not effective in facilitating the ongoing review and monitoring of risk. For example there were 32 risks open in the risk register and a number of these had not been reviewed annually as per the provider's policy. As a result, it was unclear to inspectors if actions identified to review or close risks had been completed. A sample of risk assessments reviewed by inspectors on the day evidenced that risk assessments in place were not comprehensive in detail, a number of sections were incomplete, a number of identified actions were still outstanding and updates were not provided. In addition, a fire safety risk related to a resident smoking in the premises had not been appropriately assessed.

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included servicing of fire detection and fighting equipment, and scheduled fire drills. However, some enhancements to the systems were required. In one premises, the fire panel was located outside of the premises and in another home the inspector was not satisfied that the emergency exits were sufficiently illuminated or signposted. In addition, some of the exit doors were key operated which did not ensure prompt evacuation in the event of a fire and not all doors had been fitted with self-closing mechanisms.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

## Regulation 17: Premises

The design and layout of the premises was in line with the centre statement of purpose.

Overall, inspectors observed the design and layout of each premises was suitable to meet residents' individual and collective needs.

Generally, the centre was well maintained, however some minor upkeep was required, and had been reported by the person in charge to the provider.

For example, in one of the houses small specks of mould observed around up-stairs bathroom window and on the ceiling in the downstairs hallway. Inspectors also observed a large amount of brown staining on the ceiling in a downstairs bedroom. The person in charge advised that this was a result of a leak, which had been recently repaired but required re-painting.

In the other house, the floor in the kitchen needed replacing and had been identified

by the provider, similarly the scorch marks on the floor in one of the residents bedrooms had been identified and reported to maintenance for repair.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

A variety of home cooked meals and snacks was available to residents and choices were offered to residents at mealtimes. Inspectors had the opportunity to observe some mealtime experiences for residents, including breakfast and lunchtime meals. Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

In line with residents' care plans, some residents were supported with dietary requirements. On the day of inspection inspectors observed guidance around specific conditions and staff were found to be knowledgeable on how to support residents with their specific healthcare needs.

Residents had opportunities to be involved in food preparation in line with their wishes. Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a risk management policy in place, however the arrangements in place to assess and record risk in the centre required improvement to ensure that an accurate record of risk was available for effective oversight.

Inspectors found that a risk register had been developed by the provider and that for one resident individual risk assessments had been designed to support staff in maintaining the resident's safety. However, a number of these risk assessments had not been reviewed annually as per the provider's policy.

Risk assessments in place were not comprehensive in detail. For example, one risk assessment set out control measures as "staff to support". The risk assessment did not provide any additional reference guidance or details on what supports the resident may need and how staff should provide the required support. In addition, a number of risk assessment sections were incomplete, a number of identified actions were still outstanding and updates were not provided.

Inspectors also found that there were some risks that had not been assessed. For

example, fire safety risks related to signage and smoking in the premises.

While inspectors observed that there were some control measures in place, in the absence of a risk assessment it could not be demonstrated that these risks were reviewed or that control measures were based on an informed assessment. This required review by the provider.

Judgment: Not compliant

## Regulation 27: Protection against infection

Infection control procedures in place in each premises to protect residents and staff were seen to be in line with national guidance. The provider had ensured that all infection prevention and control (IPC) risks which had been identified on the previous inspection were mitigated. These included revision of the organisational Infection Prevention and Control Policy, implementation of a bi monthly local audit schedule and a review of the governance and management of IPC to ensure clarity of understanding in the systems, roles and responsibilities.

All premises were observed to be clean and appropriate hand washing and hand sanitisation facilities were available to staff, residents and visitors. All premises were well maintained and appropriate control measures, such as the appropriate use of PPE, were in place to reduce the probability of residents being exposed to infectious agents. Appropriate guidance was available to staff.

Cleaning schedules were in place with cleaning recorded as being done daily. Records provided indicated that all staff had completed relevant training in infection prevention and control.

There were systems in place for the management of laundry and staff were aware of these procedures. Colour coded mops and buckets were stored in a clean dry area and the registered provider had systems in place for the management of waste.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included fire safety training for staff, servicing of fire detection and fighting equipment, and scheduled fire drills. The fire equipment was regularly serviced, and staff also completed daily fire checks. However, some enhancements to the systems were required.

Some of the exit doors were key operated which did not ensure prompt evacuation in the event of a fire. While the provider had installed fire doors throughout all houses, not all doors had been fitted with self-closing mechanisms. There was emergency lighting present in all premises, however in one house the inspector was not satisfied that the emergency exits were sufficiently illuminated or signposted.

While there was a detection and alarm system, in one premises the fire panel was not located within the centre and did not alert staff to identify the exact location of fire, should it occur. This required review by the provider.

More enhanced fire safety risk assessments and control measures were required in relation to smoking.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage and disposal of medicines. Medication administration records reviewed by inspectors clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Residents who were self administering medication had been assessed to manage their own medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files.

Each resident had a rights support plan which was devised in consultation with the resident and their key-workers to ensure personal choice throughout their goal planning. The plans were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional well-being.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

Inspectors reviewed the positive behaviour support plan for one resident which provided guidance for staff in promoting positive behaviour from this resident. The plan detailed proactive and reactive strategies to support the resident in managing their behaviour. It was devised in consultation with the clinical team and reviewed regularly as per the providers policy.

There were a number of restrictive practices in one premises. However, there was a restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre. This was to ensure that restrictive practices were in line with best practice, associated policies and were the least restrictive for the shortest period of time.

However, not all restrictive practices, utilised in the centre, had been reported to the Chief Inspector on a quarterly basis, as required. This matter is addressed under Regulation 31.

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 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |

# Compliance Plan for Walk C OSV-0003406

## Inspection ID: MON-0038545

## Date of inspection: 25/10/2023

**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:**

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 31: Notification of incidents</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br>The PIC will create an index of all restrictive practices and submit notifications to HIQA retrospectively for those heretofore not received by December 18th 2023<br><br>The PIC will retrospectively return quarterly reports for 2023 to HIQA by December 18th 2023<br><br>The PIC will calendarize the quarterly return of restrictive practices report to HIQA for 2024 by January 31st 2024</td></tr>
<tr><td>Regulation 17: Premises</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:<br>PIC will enage with maintenance personnel to ensure staining observed around up-stairs bathroom window and on the ceiling in the downstairs hallway and on the ceiling in a downstairs bedroom will be cleaned / removed and repainted if necessary by December 4th<br><br>The flooring in the bedroom of the shared apartment will be replaced by February 12th 2024<br><br>The PIC will establish +and implement a planned maintenance, refurb and upkeep plan for 2024 by January 9th 2024</td></tr>
<tr><td>Regulation 26: Risk management procedures</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>The PIC reviews all risk assessments across the services and ensures clear,</td></tr>
</table>

comprehensive and action based measures and plans for risk management exist, are current, relevant, fully populated and are reviewed within established time frames by 9th January 2024

The PIC will calendarize the quarterly review of risk assessments for 2024 by January 31st 2024

The PIC ensures training and awareness on the organizational risk management system is provided to team leaders by March 20th 2024

See actions on fire safety for further measures

| Regulation 28: Fire precautions | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
PIC will engage with the Procurement and Facilities Manager to ensure independent guidance is sought and confirmed on the requirements relating to emergency lighting and signage By January 19th 2024

PIC will engage with the landlord / approved housing body to confirm compliance of communal fire alarm system with industry safety standard by December 18th 2023

PIC will ensure the fire evacuation procedure identifies exit as a consistent response to alarm activation by December 18th 2023

PIC ensures there is dialogue with persons living and working in the house about fire safety regulations and protocols and brings attention to the risk of smoking indoors and direction to designated smoking areas by December 18th 2023

The PIC will ensure a localized version of the organizations global risk assessment on fire safety is created based on the risk information specific to the smoking patterns of one person living there by January 9th 2024

## 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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 17/02/2024 |
| 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. | Not Compliant | Orange | 20/03/2024 |
| Regulation 28(2)(a) | The registered provider shall take adequate precautions against the risk of fire in the designated centre, | Substantially Compliant | Yellow | 19/01/2024 |

| | | | | |
|---|---|---|---|---|
| | and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings. | | | |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 19/01/2024 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 19/01/2024 |
| Regulation 31(1)(d) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment. | Not Compliant | Orange | 31/01/2024 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or | Not Compliant | Orange | 31/01/2024 |

| | | | | |
|---|---|---|---|---|
| | confirmed, of abuse of any resident. | | | |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Not Compliant | Orange | 31/01/2024 |
| Regulation 31(4) | Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis. | Not Compliant | Orange | 31/01/2024 |