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:	Woodview
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0002376
Fieldwork ID:	MON-0032744

About the designated centre

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

Woodview is a designated centre operated by St. Michael's House. Woodview is a community based home with the capacity to provide full-time residential care and support for up to six male or female adults with an intellectual disability. The centre is situated in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, hotel, a large park within a short walking distance, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, registered nurses and care 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 - 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
Thursday 25 November 2021	10:00hrs to 15:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents, family members and staff during the course of the inspection. The inspector greeted all residents that were present during the course of the inspection. At all times, the inspector also respected residents' choice to engage with them or not during the course of the inspection.

Woodview designated centre is a large detached house, located in North Dublin. The centre is adjacent to a busy road, located near bus routes and local amenities which are within walking distance. Residents also avail of transport which is provided by St Michael's House, the provider.

During the inspection, the inspector met briefly with all six residents living in the designated centre. A number of residents used verbal communications as their predominant mode of communication, while others used gestures, facial expressions and some spoken words to communicate their opinion and choices.

Residents did not wish to engage in conversations with the inspector. The inspector however, did have an opportunity to speak with a family member who was present on the day of inspection.

The family member told the inspector that they were very happy with the quality of service provided to their adult child. They were very complimentary of the staff and the open communication they had with the staff and management of the centre. They told the inspector that they knew who they could make a complaint to if the need arose however they had not needed to as the care provided was very good.

They told the inspector that staff always made them feel very welcome, they could visit when they wished and despite COVID-19 restrictions on visiting they had found the staff and person in charge very accommodating with visits. They told the inspector that staff knew their adult child very well and understood their different ways of communicating, staff were also very supportive to the family and helped with outpatient and hospital appointments when required, for example. While the inspector spoke with the family member a staff member offered to make the family member a cup of coffee and a sandwich which demonstrated warm and welcoming visiting arrangements for families visiting their loved ones in the centre.

The inspector observed residents' daily routines, their engagement in activities and their interactions with staff and their peers throughout the course of the inspection. Overall, it was notable that COVID-19 had impacted on residents' opportunities to engage in community based activities and meaningful day opportunities.

While some residents had returned to day service provision, not all residents living in the centre had. Further improvements were required in this regard to ensure each resident had the opportunity to engage in a day activity programme that was suited to their interests and abilities. It was noted however, that staff endeavoured to support residents to avail of daily activity opportunities outside of the centre as much as possible.

The designated centre comprised six individual bedrooms which were mostly located on the ground floor with one resident bedroom and a staff sleep over room located on the first floor.

There were a number of restrictive practices implemented in this designated centre to manage specific personal risks for some residents. For example, access to parts of the kitchen were restricted during hot meal preparation times. This was due to a presenting personal risk for a resident which could result in injury or scalding, for example. During the course of the inspection, the inspector observed this gate was open and only closed when staff prepared hot food or drinks.

The provider had reconfigured parts of the kitchen to ensure full access was available for residents with mobility aids. In addition some counter tops had been changed to support wheelchair users to engage in meal preparation.

Some other personal risks for residents living in the centre included PICA (ingesting non-edible substances), self-injurious behaviour and epilepsy. For the management of these personal risks, restrictive practices were required. A number of presses and doors to rooms, used for storage of chemicals and incontinence wear, were locked to manage specific risks associated with PICA for a resident.

Other environmental restrictions implemented in this centre included, the locking of the front door when some residents were at home, locking of windows and also the locking of the side gate to the property. It was noted that this practice was required due to the location of the centre directly onto a very busy road and the lack of road safety awareness for some residents living in the centre and an identified risk of absconding, for example.

On arrival to the centre, the inspector noted the temperature in the centre was quite warm and upstairs it was considerably warmer and stuffy. As mentioned a number of doors and windows were locked to manage a personal risk for a resident doors. While this managed a person risk for the resident, it impacted on the overall ventilation in the centre.

The inspector discussed the heating arrangements in the centre with the person in charge. They informed the inspector that upgrade works were required to the heating system to improve the overall regulation of the heat in the centre. While this would address the matter, it was not clear when this required work would commence. Furthermore, ventilation in the centre required improvement to ensure adequate circulation of air in all areas of the house while ensuring personal risks for some residents were managed effectively.

Residents' bedrooms were individually decorated to reflect the personal interests

and preferences of each resident. Residents were also provided a large dining room and kitchen. The hallway, in the centre, was large and wide and could accommodate residents' mobility aids well. Throughout, the centre presented as bright and spacious with lots of natural light. Residents were also provided with a well-proportioned garden space to the rear of the property which also contained two types of swings which could be used by all residents and was accessible for use by wheelchair users also.

Toilet and bathing facilities provide for residents' assessed mobility needs and were located both on the ground floor and first floor. The inspector observed overall there was a very good level of hygiene in the centre. Residents' mobility equipment, shower trolleys, baths and toilet aids were maintained to a very high standard of cleanliness. However, improvements were required. The inspector observed the flooring in the downstairs shower area was heavily stained and marked. Some hand grab rails were rusted and the areas around the base of the toilets downstairs were heavily stained.

The inspector observed some areas of the centre that required repainting, for example there was an observable mark on the wall leading upstairs where a stair gate had been removed but not repainted. There was also observable damage to some walls where mobility aids had damaged the plaster. Some door jams and skirting boards were heavily damaged in parts also.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. However, premises refurbishment works were required in some areas of the centre to ensure they were maintained to a good standard and could promote optimum infection control standards. Some improvements were also required in relation to staff training in COVID-19 and staffing whole-time-equivalent resources for the centre.

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 affected the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge had the capacity and capability to operate this designated centre in a manner that ensured good quality person centred supports for residents.

The provider had addressed a not compliant finding from the previous inspection in relation to Schedule 5 policies. Some improvement was required to the staffing whole-time-equivalent numbers.

There were clear lines of authority and accountability with defined management roles. The designated centre was managed by a suitably qualified and experienced

full-time person in charge, who managed this designated centre and another designated centre located next door. The person in charge was supported in their role by a clinical nurse manager (CNM1).

There was a clear management structure in place, with the person in charge reporting to a service manager, who in turn reported to a regional director of care. There were established quality assurance systems and reporting mechanisms in place, to ensure that the centre was effectively monitored.

The provider had made arrangements for an annual review of the centre in addition to bi-annual unannounced audits that assessed the standard of the care and support being delivered. The person in charge also carried out additional operational quality audits in the centre in the areas of medicine management, resident monies auditing and the maintenance of a restrictive practice register, for example.

The provider had ensured policies required under Schedule 5 of the regulations had been written, adopted and implemented.

The provider had addressed an action from the previous inspection by ensuring an organisational staff recruitment and Garda vetting policy was now in place. The policy on the management of 'service users moneys by staff', now included procedures relating to residents' personal property or possessions. The schedule 5 policy relating to provision of intimate care had been reviewed and updated since the previous inspection.

There was a planned and actual roster in place, and each was found to be well maintained and accurate.

There was an adequate number of staff on duty each day and night to meet residents' assessed needs, in line with the statement of purpose. While it was noted there were suitable numbers of staff working in the centre there continued to be a shortfall of whole-time-equivalent (WTE) staffing for nursing and care staff roles.

The inspector noted there was a deficit of 0.5 WTE nursing staff and also a 0.5 WTE for care staff. The provider was required to address this staffing shortfall to ensure a stable and consistent team of staff worked in the centre. However, it was noted the staff team and person in charge were provided with regular relief staff and redeployed staff from within the organisation.

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and were responsible for two designated centres located beside each other.

The person in charge had the required qualifications and management experience to meet the requirements of Regulation 14.

The person in charge was supported to meet their regulatory and management remit with the support of a Clinical Nurse Manager (CNM1).

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place, and each was found to be well maintained and accurate.

There was an adequate number of staff on duty each day and night to meet residents' assessed needs, in line with the statement of purpose. While it was noted there were suitable numbers of staff working in the centre there continued to be a shortfall of whole-time-equivalent (WTE) staffing for nursing and care staff roles.

The inspector noted there was a deficit of 0.5 WTE nursing staff and also a 0.5 WTE for care staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure, with identified roles and responsibilities.

The provider had carried out bi-annual unannounced audits as required.

There were a range of other audits in place to ensure the quality and safety of the service was effectively monitored.

The provider had completed an annual report of the service for 2020.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had addressed the actions from the previous inspection in relation to the creation and updating of some Schedule 5 policies.

Judgment: Compliant

Quality and safety

The provider and person in charge demonstrated that they had the capacity and capability to operate and manage the designated centre in a manner that was resulting in a good quality and person-centred service for the residents living there. Some improvements were required in relation to the premises which in turn would ensure improved infection control standards in the centre.

The centre offered residents their own private bedroom, communal spaces such as a large living room, kitchen/ dining room, second sitting room and adequate bathroom facilities. The designated centre was located within walking distance of shops and local amenities and transport routes and resourced with it's own vehicle. However, as discussed, some improvements to the premises were required.

The inspector observed heavy staining and marks on the flooring in one downstairs shower room area. Grab rails in a second bathroom were rusting in parts and there was staining observed around the bottom of the toilet in both facilities. Plaster on the wall in the hall had been damaged and not repaired, skirting and door jams were observed to be also damaged in some areas. In addition, some areas required repainting.

Ventilation in the centre was not adequate and required improvement. Due to the requirement to keep doors and windows closed and upgrading of the heating in the centre required, the inspector noted the centre, in particular, the upstairs part of the house, was very warm and stuffy with inadequate circulation of air particularly in the resident and staff bedroom upstairs. The inspector also observed the vent in the utility space had a build up of dust and was inadequate to ensure good air circulation in the area where a washing machine, dryer and the house boiler were contained.

The inspector however, did observed very good standards of cleanliness throughout the premises. Residents' mobility aids, toilet aid appliances, baths and showers were very clean and surface areas appeared free from dust or grime. However, not all areas could be maintained to the most optimum infection control standard as they were in disrepair and, in addition, good ventilation was also required to prevent the spread of COVID-19 or other infectious agents.

The inspector further reviewed infection control management in the centre and found good contingency planning arrangements in the event of a COVID-19 outbreak in the centre. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection. Visitors were also observed wearing face coverings during the course of the inspection.

While good COVID-19 management and contingency planning was in place, not all staff had completed training in COVID-19. This required improvement.

There were arrangements in place to ensure that residents were safeguarded, including a policy and associated procedures. Staff had received training in adult safeguarding, there were also persons identified with responsibility for managing safeguarding concerns. It was found that any concerns or potential safeguarding issues had been investigated appropriately, and where necessary there were safeguarding plans in place. There were clear support plans in place for residents who required support with personal care, to ensure this was provided in a dignified and respectful manner.

There were a range of fire precautions in place, including a fire detection and alarm system, fire fighting equipment, emergency lighting, emergency exit signage and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained.

Staff had received training in fire safety, and this training was refreshed routinely. There were arrangements in place to support residents and staff to evacuate in the event of a fire. Due to the risk of absconding in the centre, keys were utilised to keep exit doors closed. At each door a key holding box was maintained. Staff working at night time held keys for evacuation purposes.

The inspector discussed the use of keys for opening doors in the event of an evacuation with the person in charge and reviewed risk assessment arrangements in place. During the course of the inspection the person in charge updated a risk assessment to demonstrate the control measures in place to ensure effective evacuation arrangements in the centre and how staff managed keys for the opening of exit doors.

As discussed a number of restrictive practices were in place to manage personal risks for some residents. A restrictive practice register was maintained and there was evidence of the least restrictive measure implemented where possible. For example, laminate flooring was installed upstairs in the centre to eliminate the risk of ingesting inedible substances from carpets. A stair gate had been removed as a result of this intervention. Accessible counter tops had been installed in the kitchen/dining room area to support residents engage in food preparation skills. A low-low bed was also utilised for some residents which mitigated the requirement for bed rails. Where bed rails were utilised, comprehensive bed rail risk assessments were in place and only utilised when required.

Where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. It was demonstrated residents were afforded regular and consistent review by allied professionals with expertise, training and knowledge in the areas of psychiatry, psychology and behaviour support. Incident recording data was reviewed and monitored as part of this process to ensure evidence based support and recommendations were in place.

Clearly documented de-escalation strategies were incorporated as part of residents'

behaviour support planning. These incorporated traffic light (green, amber, red) coded risk response guidelines for staff to ensure restrictive practices (if required) were implemented in a proportionate manner to behavioural risks presenting and used only as a last resort when all other options had been exhausted.

Residents' were provided with allied professional supports with regards to their mental health and behaviour support assessed needs. Behaviour support plans were up-to-date and had been reviewed by appropriately qualified allied professionals.

While some residents had returned to day service provision, not all residents had resumed their day services. Improvements were required to ensure residents were provided with the opportunity to attend or engage in day services or self-directed meaningful day activities in line with their interests and abilities.

Regulation 13: General welfare and development

It was notable that COVID-19 had impacted on residents' opportunities to engage in community based activities and meaningful day opportunities.

While some residents had returned to day service provision, not all residents living in the centre had.

Further improvements were required in this regard to ensure each resident had the opportunity to engage in a day activity programme that was suited to their interests and abilities.

It was noted however, that staff endeavoured to support residents to avail of daily activity opportunities outside of the centre as much as possible.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises required improvement.

The inspector observed heavy staining and marks on the flooring in one downstairs shower room area.

Grab rails in a second bathroom were rusting in parts and there was staining observed around the bottom of the toilet in both facilities.

Plaster on the wall in the hall had been damaged and not repaired, skirting and door jams were observed to be also damaged in some areas.

Some areas required repainting.

Ventilation in the centre was not adequate and required improvement. Due to the requirement to keep doors and windows closed and upgrading of the heating in the centre required, the inspector noted the centre, in particular, the upstairs part of the house, was very warm and stuffy with inadequate circulation of air particularly in the resident and staff bedroom upstairs.

The inspector also observed the vent in the utility space had a build up of dust and was inadequate to ensure good air circulation in the area where a washing machine, dryer and the house boiler were contained.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were good COVID-19 contingency outbreak planning and systems in place.

There were good supplies of PPE in the centre.

Alcohol hand gels were made available to staff, daily temperature checks were in place.

The person in charge had completed a COVID-19 preparedness assessment on a three monthly basis to evaluate the COVID-19 systems in place.

The inspector observed a good standard of cleanliness in the centre with cleaning schedules maintained and recorded daily.

Some aspects of the premises required improvement and upgrading and this in turn impacted on the overall infection control standards in the centre.

Eight staff required training in COVID-19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, fire fighting equipment, emergency lighting and fire containment measures.

All equipment in place was checked and serviced by a relevant fire professional on a

routine basis, and records of this were well maintained.

Staff had received training in fire safety, and this training was refreshed routinely.

Daily fire safety checks were recorded, maintained and up-to-date.

Key holding boxes were available at all evacuation route points.

A number of bedrooms contained additional exit doors which supported the evacuation procedures in the centre.

The person in charge updated a fire evacuation risk assessment during the course of the inspection to outline control measures in place to ensure staff had appropriate access to keys for the opening of exit doors of the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which included a comprehensive assessment of need.

Each resident's assessment of need had been updated. Where a need was identified a corresponding support plan was in place to guide and inform staff on the support requirements for the resident.

Personal planning goals had been established for residents within the context of COVID-19 pandemic restrictions and the availability of community based activities.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had a comprehensive, up-to-date behaviour support plan in place.

Behaviour support planning arrangements provided for de-escalation and proactive strategies to mitigate and manage residents' behaviour support presentations.

Behaviour support plans were developed, reviewed and overseen by appropriately qualified allied professionals. Residents' mental health supports were also reviewed by allied professionals.

A number of restrictive practices were utilised in the centre for the management of

specific personal risk behaviours exhibited by some residents. A comprehensive restrictive practice register was in place and maintained by the person in charge.

There was evidence of the least restrictive measure being put in place where possible. Due to the location of the centre, adjacent to a busy road, and the lack of personal safety awareness for some residents, external doors and windows were locked.

The person in charge outlined some lesser restrictive measures were being looked at, for example, the use of window restrictors instead of locked windows to manage the risk of absconding. This demonstrated the continuing review of restrictive practices in the centre and seeking of alternative arrangements to meet the needs of residents in the centre.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding residents and the prevention, detection and response to abuse.

The person in charge was aware of their responsibilities to investigate any safeguarding concerns, and how to report any suspicions, allegations or concerns in line with the providers policy.

Safeguarding concerns had been recorded, responded to and reported in line with best practice.

There was evidence of the person in charge implementing National Safeguarding procedures and preliminary screening arrangements in place for any safeguarding concerns arising in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Woodview OSV-0002376

Inspection ID: MON-0032744

Date of inspection: 25/11/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In response to the area of substantial compliance found under Regulation 15(1) St Michael's House continue with recruitment drive and identifying suitable candidates for positions. Interview dates set up for the 11th, 13th, 19th and 26th of January.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: In response to the area of substantial compliance found under Regulation 13 (2)(b). With support from the PIC, we will schedule individual co-ordination meetings to look at residents will and preference for their preferred options of activities of choice. This will include a review of residents assessment of need to include opportunities to participate in activities in accordance with their interests capacities and developmental needs	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In response to the area of substantial compliance found under Regulation 17(1)(b) and 17(7).	

Downstairs bathroom area- technical services contacted an outside supplier who has advised on how to clean it in a particular way with specialized cleaning products.

Grab rails –PIC contacted OT and new Grab rails have been ordered.

Plaster on walls and damage to skirting all reported to Technical services to review costings and completion of work.

Paintwork –quotes completed and sent to Technical service for costings and completion.

Ventilation-window restrictors on all windows upstairs.
Heating system reviewed by plumber and is currently working and will continue to be monitored by the Technical Services plummer.

Ventilator in the utility room has been upgraded.

On completion of all works the Service Manager will include schedule 6 as part of their six monthly audit.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In response to the area of substantial compliance found under Regulation 27, all staff have completed their covid training.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/04/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	30/04/2022

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/12/2022
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.	Substantially Compliant	Yellow	17/12/2022