

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

## Issued by the Chief Inspector

Name of designated centre:	St John of God Kildare Services - DC 13
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	23 September 2021
Centre ID:	OSV-0002964
Fieldwork ID:	MON-0026286

## About the designated centre

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

Designated Centre 13 is a designated centre operated by St. John of God Kildare Services. The centre consists of two bungalows situated beside each other in a small housing estate near a town in County Kildare. One location provides care for more dependent residents while the other location provided support for residents with higher levels of independence. Each resident has their own bedroom and each bungalow provides residents with a comfortable living room space and separate kitchen. Residents are supported by a team of social care workers. The centre is managed by a person in charge who is supported in their role by a social care leader and a senior manager. The person in charge is also responsible for three other designated centres within St. John of God Kildare Services.

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

Number of residents on the date of inspection:	7
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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
Thursday 23 September 2021	09:30hrs to 18:10hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

Seven residents were living in this designated centre, and at the time of the inspection, two residents were in the hospital for prolonged stays. The designated centre consists of two bungalows located in a quiet cul-de-sac in a town in Co. Kildare. Upon the inspector's arrival to the first house, only one of the residents was present and was engaging in their morning routines and said they would meet with the inspector later.

Walking around both houses, the inspector observed that residents had personalised their bedrooms and had their photographs and personal items displayed. Residents spoken with informed the inspector that their bedrooms were comfortable and homely. One resident showed the inspector their bedroom and en-suite, and it was observed the resident had ample room for all their belongings. Despite this, the inspector observed that further improvements were required in a different bedroom to ensure there was sufficient closet space, display space, and storage for personal items.

The inspector observed a number of positive interactions between staff and residents over the duration of the inspection. Residents told the inspector that the staff were caring, helpful and "you can have a laugh with them". Staff were observed to be knowledgeable of residents' needs and familiar with their preferences and were observed to approach residents in a friendly, respectful and courteous manner. It was the birthday of one resident that was in hospital, and the inspector observed one staff member leave the centre to visit the resident with balloons to mark the occasion.

It was evident that staff were working with residents to develop their knowledge and skills regarding self-care and protection through discussions at residents' meetings and meetings with their keyworkers. Staff were meeting with residents to discuss respecting peers and positive peer relationships. Safeguarding was also being discussed regularly by the staff team at handover and staff meetings. The provider had recently reviewed impact assessments and was reviewing assessments to ensure that each resident in the centre was not adversely affected by changing needs in the centre.

The inspector spent time with two residents and briefly met with a third resident, from a distance, who was self-isolating in their bedroom awaiting a COVID-19 test. The provider had ensured that staff familiar to residents were trained in the swabbing of COVID-19 tests to reduce residents' anxiety and wait times. The resident informed the inspector they were happy to self-isolate in their bedroom and were well looked after by staff. Residents spoken with indicated their knowledge of the use of wearing face masks when going out shopping and the importance of good hand hygiene.

The inspector found that residents welfare and development was provided for to a

high standard. Residents were well supported socially and vocationally and had good levels of community involvement and activity. Each resident had the opportunity for new experiences, social participation, recreation, education, training and employment. One resident shared with the inspector how the COVID-19 pandemic affected their life by losing their job of 22 years due to a factory closure during the pandemic. Stating, "they missed it badly. However, they were complimentary of the support from the job coach within the service and had recently attended an interview for a new job, which they felt had gone well and were hoping to hear back from soon.

In addition, residents' personal plans demonstrated that they were facilitated and encouraged to engage in activities and their communities in a meaningful way. For example, one resident of a retirement age attended an older person's service and played bingo and golf in line with their interests. Another resident spoke of their plans to go on holiday in Ireland with their partner and told the inspector about their last foreign holiday in 2019 of a cruise around the Mediterranean.

Residents meetings were held regularly in both houses of this designated centre. In line with the centre's statement of purpose, such meetings were to be used to discuss issues of relevance to residents such as staffing, meals, activities and how to make a complaint. The inspector reviewed notes of such meetings and found the meetings were being used in this way. For example, in one house, one resident mentioned that they would like to participate in training regarding the 'Assisted decision making and understanding capacity act', being arranged by the provider. In addition, residents raised suggestions for improvements for the houses and residents were also informed of any developments within the service with a letter from the CEO being made available to residents.

As this inspection was announced in advance, the provider was sent specific questionnaires for residents to complete in advance of this inspection. The inspector received four questionnaires which residents completed. The resident questionnaires focused on a range of subjects, including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities that residents engage in, staffing supports and complaints. Overall, residents who completed the questionnaires provided positive feedback on these matters.

Residents described activities they liked taking part in, in their questionnaires. These included; going to the library, going to the pub on a Sunday, cinema, karaoke, visit friends and family and doing driving lessons. One resident said they liked living so close to the village and being able to get the bus into town (Dublin).

Each residents' questionnaire indicated that they were happy with their staff team; however, two residents felt that staff sometimes "were busy in the other house" or with "other residents. Residents included comments such as "I love living here" and "I wouldn't change a thing". Two residents referred to the impact of COVID-19 restrictions on visiting arrangements. One stated they were unhappy with visiting arrangements during the pandemic, and another stated they were happy the restrictions had been lifted. One resident raised a complaint regarding some

changes in their house that were affecting their sleep and daily routines. They met with the inspector to discuss the matter further and informed them that it was a new complaint and that they were happy with how they were being supported and how the complaint was being managed.

In general, residents had lived in the centre for many years, and this feeling of being "at home" was evident from the ease residents moved around their homes and how they interacted with each other and staff. As their needs changed, cognisance was given to ensuring the environment met those changing needs. The inspector observed residents in this centre were supported to live a meaningful and engaged life. However, this inspection also identified that there were a number of areas requiring further improvement to ensure the safety and quality of the services provided for the residents. Improvements were required in relation to fire safety, premises and infection prevention and control processes in the centre.

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.

## Capacity and capability

Overall, a high level of compliance was found during this inspection, and there was evidence of strong monitoring systems in place. The inspector found that the person in charge and senior management were responsive to changing needs in the centre whilst reviewing long term plans for emerging healthcare needs. The purpose of this announced inspection was to assess the levels of compliance with the regulations since the previous inspection in July 2020 and inform a decision on the renewal of registration.

Since the July 2020 inspection, there had been a change of person in charge, with the person in charge returning from planned extended leave. They had the necessary skills, experience and qualifications to perform the role. At the time of this inspection, the person in charge was responsible for a total of four designated centres. It was not found though that their current remit was having a negative impact on the running of the current centre, and it was noted that the person in charge, supported by a social care leader, was present in the centre regularly, carried out their own audits of the centre on a regular basis and during this inspection demonstrated a good understanding of the residents and the operations of the centre.

As required by the regulations, the provider had ensured that appropriate staffing arrangements were in place to support the needs of the seven residents living in the two houses under this designated centre at the time of inspection. Such arrangements would need to be kept under review, as discussed throughout the inspection, as the inspector was informed that two residents were due to return

from hospital from prolonged stays that would have the potential to affect the staffing requirements in terms of the residents' assessed needs. Both the person in charge and the programme manager detailed several rosters changes to date to respond to these changing needs and the future staffing requirements.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. The person in charge discussed the future training needs for staff in line with residents changing needs, how these had commenced while awaiting resident discharge from hospital, and the time frame to ensure all staff would receive the necessary training.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. The inspector found that the monitoring systems in the centre ensured that any potential quality or safety risks were escalated to the appropriate person or department and that these issues were generally responded to and addressed quickly. There had been some delay with regard to responding to a number of premises issues (as discussed later in the report)

In addition, under regulations, certain events occurring within a designated centre must be notified to the Chief Inspector within a specific time period so that the inspectorate is aware of any events which may be negatively impacting residents. The inspector reviewed a sample of incidents for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. All notifications had been appropriately made within the required time frames as viewed by the inspector.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had effective systems in place to ensure they complied with the requirements to renew their application and had submitted all required documentation in a timely manner.

Judgment: Compliant

#### Registration Regulation 7: Changes to information supplied for registration purposes

A change in the identity of the person in charge had been notified to the Chief



Inspector along with the necessary supporting information.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full time, they had a remit over this designated centre and three other centres. They were supported in their role by a staff team that was comprised of a social care leader and social care workers and ensured they had regular contact with all staff members. They were very knowledgeable of the requirements of their role and responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

Staffing arrangements were found to be flexible regarding residents' changing needs and provided for continuity of care. Where there were any gaps in staffing levels due to leave; these were covered by regular relief staff.

Staffing levels were found to be based on the needs of residents in each house location. Some residents have the support of staff sleeping over, while other residents have the support of staff dropping into their home to provide specific supports like assistance with cooking and support with safety checks. The inspector viewed the roster for the house with a drop in staff support and saw there were clearly identified times and pictures and names of staff who would be supporting during those times. The inspector was informed that the staff were sometimes pulled from these set hours to assist with more urgent needs in the other house. However, the inspector acknowledged that these needs had emerged suddenly, and the situation was under consent review by the management team.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure high-quality, safe, and effective services for the residents. Staff had each received training in key areas such as safeguarding, fire safety and positive behaviour support, as well as additional

training specific to residents' assessed needs. Additional training was also being sought for patient handling, diabetes and speciality fire evacuation aids.

There were appropriate arrangements in place for the supervision of the staff team, and regular one-to-one supervision meetings were taking place with all staff members. The person in charge and social care leader shared supervision responsibilities for the staff team, including relief staff.

Team meetings were occurring fortnightly in the centre, chaired by the social care leader. These were found to be resident-focused and of a high quality so that staff were kept well informed of changes to residents' needs as well as the provider's policies and procedures. Standing agenda items included COVID-19, the wellbeing of residents and changing needs, adverse incidents, complaints, risk assessments, quality improvement plans, safeguarding plans and training.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place, consisting of an experienced person in charge who worked on a full-time basis in the organisation and was supported by a program coordinator. The centre was also monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly auditing reports/unannounced visits. The annual review included feedback from residents and families, and it effectively addressed the quality and safety of care and support in accordance with relevant national standards.

Regular and consistent communication took place between the programme manager, the person in charge and the social care leader. In addition, there was evidence of shared learning from other designated centres in the organisation, facilitated through staff meetings. The findings from other inspections were also discussed to proactively address any issues raised. In addition to sharing information, these meetings provided opportunities for all staff to raise and discuss any concerns they may have regarding the standard of support provided to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the centre's Statement of Purpose. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and

services which were provided for residents. One amendment was made by the person in charge as requested by the inspector regarding conflicting information of the age profile.

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

In their questionnaires, residents indicated that if they were unhappy about anything they would speak to a staff member or the complaints officer. Two residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' wellbeing and welfare were maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Where residents' needs were changing, it was apparent that all efforts were being made to meet these needs. The inspector identified improvement in relation to the premises to ensure it was maintained to a good standard, which would enhance the infection control measures in the centre. Furthermore, improvements to the fire containment measures were also required to ensure the most optimum standard of fire safety precautions within the centre.

This designated centre was previously inspected in July 2020, where strong levels of compliance with the regulations were also found, but further assurances were required at the time of the inspection in relation to the fire evacuation procedures in

the event of a resident refusing to evacuate. While the provider had linked in with the local fire department and added additional control measures to this risk, there remained concerns regarding the fire safety measures on this inspection. Due to the changing needs of residents, the evacuation route, access and aids were discussed in detail with the local management team. They had identified improvements that were required in this area along with premises issues to ensure the assessed needs of residents could be met before returning to the house from the hospital. Due to the uncertainty of discharge criteria at the time of the inspection, the inspector requested a discharge plan when formulated, post-inspection.

The inspector completed a full walk-through of both bungalows, and the inspector found that painting was required throughout, along with repairs and upgrades of the properties. Two bathrooms and one kitchen were in need of upgrading. The inspector was informed that one bathroom had been approved for refurbishment. While the person in charge had self-identified most of the remaining issues and escalated these concerns, it was unclear when these would be addressed or approved.

Staff were observed adhering to standard precautions, including wearing face masks and maintaining physical distancing where possible. There were precautions in place in order to mitigate the risk of a COVID-19 outbreak in the centre. For example, all staff had completed COVID-19 training, visitor temperature checks were completed, and records were kept of contact details of visitors. However, an updated COVID-19 contingency plan was not available on the day of inspection. In addition, some aspects of the premises that were not maintained to a good standard of repair and compromised the overall infection control standards in the centre.

A review of a sample of residents' information demonstrated that comprehensive assessments of residents' health and social care needs were completed. There was evidence that the assessments and residents' personal plans were regularly reviewed to reflect changes in needs and circumstances. Residents' health needs were captured in their plans, and information on how to best support residents was clearly displayed. There were regular correspondences with external healthcare professionals for some residents. Members of the provider's multidisciplinary team were involved in the development of supports for residents, and the provider's audit systems prompted their input if required.

Systems were in place to safeguard the residents, and where required, safeguarding plans were in place. The inspector observed that there were two safeguarding issues currently open in the centre, and these related to adverse peer-to-peer verbal interactions. The inspector found all adverse incidents were being recorded, reported and responded to by the person in charge. The inspector noted that there was a reduction in safeguarding concerns due to the effectiveness of the safeguarding plans implemented.

## Regulation 12: Personal possessions

The inspector was informed that residents were supported to manage their finances as part of skill-building. Financial assessments were completed to determine the level of support required to match the level of dependence. From a review of files, residents were supported to manage and access their finances, paid into bank accounts in the residents' name.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents welfare and development was provided for to a high standard. Residents were well supported socially and vocationally and had good levels of community involvement and activity. Each resident had the opportunity for new experiences, social participation, recreation, education, training and employment. Access was determined by individual needs, abilities, interests and choices.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed premises improvements were required, across both houses, to ensure they were maintained to a good standard. Storage space in one house was limited which resulted in one residents bedroom not having the sufficient space for their personal items, furniture and mobility aids. This created a cluttered environment and also posed an evacuation risk. One kitchen in one of the houses required refurbishment due to peeling and crumbling cabinets. Both houses required painting internally and externally due to the appearance of noticeable cracks in the plaster and paint work.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Where a resident was transferred to hospital or another care facility all relevant information about the person was provided to the receiving care facility in a timely manner. The information provided was accurate and complete.

Where a resident was returned to the centre from hospital all reasonable steps were taken by managers and staff to ensure that relevant information about the individual was obtained from the other care facility.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks in the centre had been identified and assessed, and the measures to mitigate these risks were in place; for example, a local operating procedure was implemented to ensure clear guidance to staff in the event of the refusal of fluids or food.

Furthermore, specific healthcare interventions were put in place in response to risks identified for individual residents. Appropriate incident management systems were implemented in the centre, including included reporting and recording adverse incidents, reviewing risks, and ensuring the appropriate follow up care was provided to residents to prevent reoccurrence of incidents. The person in charge and social care leader shared trending and learning following these reviews at management and staff meetings.

While risk assessment was taken seriously in the centre, there was also a culture of positive risk-taking enabling residents to grow in independence, learn from their experiences, develop new skills and abilities, and make full use of their opportunities and potential.

Judgment: Compliant

### Regulation 27: Protection against infection

Due to the improvements required in relation to the premises, there was an impact on the overall infection, prevention and control (IPC) measures and standards in the centre across both houses. Improvement was also required in the review and documentation of IPC measures to ensure the centre was 1) subject to regular IPC auditing and 2) that COVID-19 response plans were updated regularly to reflect national guidance.

The following findings compromised provision of IPC measures in the designated centre and posed a risk of cross infection to residents and others:

- The cabinets in one kitchen did not allow for effective cleaning and sanitising.
- Both bathrooms had rust and staining around the radiators and toilet area, impeding effective cleaning and decontamination.
- A steel cleaning bucket containing a mop in a bathroom was visually rusted and posed a risk of cross-infection. The storage of mops required review.
- Some areas of the centre that contained carpet and were at risk of being contaminated could not be effectively cleaned and posed a risk of cross-infection.
- A shed used for storage required review as it was not satisfactory for bathroom

and toileting equipment storage.

Judgment: Not compliant

### Regulation 28: Fire precautions

While the provider had installed fire doors throughout both residential bungalows, not all doors had been fitted with door closing devices. This required improvement to ensure the most optimum fire containment measures were in place. Escape routes were extremely narrow in parts of the centre and it was unclear if the evacuation needs of one resident could be safely evacuated along this route.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were reviewed annually with evidence of multi-disciplinary input. The input of residents and family representatives was evident and goals were identified in line with residents' wishes.

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. The inspector viewed the individualised plans in place. These were succinct, specific to the resident and staff were familiar with the plans. Care plans were written in a respectful way demonstrating much sensitivity and awareness of individual needs.

There was a key working system in place and key workers supported residents to achieve set personal social goals in place which were agreed at residents personal planning meetings. Goals in place promoted residents to develop independent living skills.

Judgment: Compliant

### Regulation 6: Health care

The centre had good medical and allied health input to ensure that residents' health care needs were assessed and being met. There was evidence of ongoing review by internal and external medical and allied health review as escalated and referred by the person in charge and the staff team.

The centre had support from psychiatry, speech and language therapy, dietitians

and physiotherapy, to name a few.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed there to be many examples of where the residents' rights were promoted. There was a self advocacy group within the organisation and a complaints policy and procedure in place to support residents and their families raise any issues they may have in relation to the service provided. Residents were consulted in the running of the centre and in decision making through monthly resident meetings and through the annual report consultation process. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. Residents' rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents' rights and advocacy regularly.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St John of God Kildare Services - DC 13 OSV-0002964

Inspection ID: MON-0026286

Date of inspection: 23/09/2021

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Clearing of mobility Items in one resident’s bedroom has been removed.</li> <li>• PIC met with the house association on the 04/11/21to discuss date for updating kitchen. Kitchen upgrade is to be completed at the end of 31st of January 2022</li> <li>• Request for removal and clearing of garage in one house sent to maintenance team, some personal items for residents to be discussed and cleared and arrange appropriate storage within the DC garage area. To be completed by 30th of November 2021.</li> <li>• A. Both house’s in the designated centre; externally to be painted by end of June 2022. This action will be placed on the centre QEP to monitor action in 2022.</li> <li>• Replace carpets within one house to be completed by 30th of November.</li> <li>• B. Internal painting to be completed by 30th April 2022.</li> <li>• Replacement of rusted radiators has been completed in one location, other to be replaced by 30th of November.</li> </ul>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Upgrade and removal of old kitchen presses and replacement. To be completed by 31st January 2022. Action will be placed on QEP for monitoring for completion.</li> <li>• Radiator replaced in one house, request made for removal of radiator from another house. Will be completed by 30th November 2021.</li> <li>• Mop bucket rusted removed and replaced on the 24th of September 2021.</li> <li>• Carpets in one location will be replaced by 30th of November 2021.</li> <li>• Removal of unused equipment and non-personal items in the garage will be completed by 30th of November 2021.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• PIC met with Housing association 04/11/21 on the door closures ordered and 6-8 week waiting list for ordering and be 2-4 week to be installed due to current supply and demand within the country. New door frames will be added to the property as additional measure</li> <li>• New doors to be added to both property fully by 31st of January 2022</li> <li>• Escape route for one resident whom would have had difficulty evacuating due to narrow corridors remains in convalescence care due to on-going medical issues. Should the resident present as medically fit for discharge a Fire Safety Assessment will be completed prior to discharge to ensure designated centre can meet his needs in relation to fire safety and evacuation. The Lead Inspector will be kept updated on this action as same is on-going.</li> </ul>	

## 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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/01/2022
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	30/06/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	30/11/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2021