



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

## Issued by the Chief Inspector

Name of designated centre:	Waterford Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	03 May 2022
Centre ID:	OSV-0003457
Fieldwork ID:	MON-0036200

## About the designated centre

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

Waterford Cheshire was established in 2003 and provides accommodation and support in a purpose-built facility of self-contained apartments to adults with physical disabilities and neurological conditions. Individuals seeking to access services must be aged between 18 and 65 when they first arrive.

The service can accommodate 16 Service Users in total. Fourteen permanent residential apartments are available and two apartments are used to provide respite services. Most of the apartments have one bedroom, some have two bedrooms. All apartments have a kitchen/dining room and accessible bathroom.

Many of the people accessing the service have high physical support needs and the service endeavours to provide the supports required to enable each person to maintain the best possible health and to remain as independent as possible, for as long as possible. People living in the centre direct and participate in their own care. The centre operates all year round and is staffed 24/7. A mix of nursing and support workers provide assistance to residents.

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

Number of residents on the date of inspection:	14
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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 (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
Tuesday 3 May 2022	10:00hrs to 19:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE).

On arrival, the inspector went to the main door of the larger building of the designated centre. This door was locked at the time and the inspector was directed to a side entrance where a staff member took the inspector's temperature and performed some COVID-19 related checks. The designated centre was made up of a larger building with staff facilities and individual apartments for up to 10 residents while a further six apartments were located just outside this building. The larger building also contained other rooms and apartments which were not part of the designated centre.

The inspector spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation. This information was used to gain a sense of what it was like to live in the centre. The inspector received a tour of the larger building and the surrounding grounds. Residents were informed that the inspector had arrived and their individual preferences on how they wanted to meet the inspector were respected and facilitated.

On the walk around of the centre, the inspector visited two vacant apartments that were used for respite stays. No respite stays had occurred in 2022. One of the apartments was being renovated at the time of inspection, the flooring had been removed and there were plans over the next two weeks to complete this project. The second vacant apartment comprises a living room and kitchen area with one bedroom with en suite facilities. In the larger main building there was a communal sitting room. This had recently been redecorated. It had been painted, new carpet had been put down, new couches had been purchased, a new TV was hung on the wall. This room was nicely decorated and presented as a bright welcoming space. Residents had been involved in this project and a number of residents made comments to the inspector on how nice the room was. In the main hall a new painted mural was on the wall. Again the residents had been involved in choosing the artist and theme for this.

As the day progressed, the inspector began to meet with residents in their apartments or in the communal sitting room. Residents expressed their preference with location and time. The inspector met with nine residents in total on the day of inspection. The residents were all complimentary about the staff in the centre and discussed how for the most part they were satisfied with the care and support received. A common theme during discussions was how the centre was short staffed and how this impacted on the quality and timeliness of care provided. For example

residents described that at times when they rang the call bell they would have to wait as staff were busy with another resident. They described how morning routines were impacted, such as staff leaving in the middle of a morning routine to attend to other residents, or residents waiting for periods of time to have assistance with personal care needs.

The inspector observed that each resident had their own self contained apartment which was very personalised and decorated in line with their specific care needs and personal preferences. For example, some residents displayed their art work, had pet fish, family pictures and garden displays. Each resident spoken too expressed how important to them it was to have their individual space. For the most part many of the apartments had been maintained to a good standard. In some residents' apartments furniture was worn and needed replacing and one kitchen was not fit for purpose. For the most part the provider had identified some of these issues and there were plans in place to rectify the residents kitchen area.

Residents and staff spoke about activities, employment and family and friend connections that were important to them. Some residents were in full or part time employment, other residents attended day services, and some residents attended courses. Residents had busy lives in line with their assessed needs. The residents described the activities they liked to do such as going to the pub, attending family gatherings and parties, having family and friends visit their apartments, going out for meals, going shopping and listening to music and going for weekends away to name a few. On the day of inspection residents were seen to leave the centre on a number of occasions, some residents choose to rest for the day and others were out at work or other pre-arranged appointments.

Staff spoken with and from observations of some care practices, staff were knowledgeable around residents' specific needs. Staff were seen to communicate with residents in line with their specific needs such as using Irish Sign Language. On multiple occasions, staff members were seen to be respectful of residents' privacy by knocking on residents' apartment doors and waiting on a response before entering.

In summary, the residents gave positive views of the centre, although some expressed concerns regarding the staffing. Improvements were noted across many regulations and it was evident that the provider, person in charge and staff team where striving to deliver a service that was quality driven, safe and in line with residents' needs. As it was only six months since the previous inspection some areas of regulation were still in the process of coming back into compliance. For the most part the registered provider was aware of the issues presented on the day of inspection. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection was completed to follow up on the actions identified in the providers compliance plan following an unannounced inspection in December 2021. A number of non-compliances were identified in the December 2021 inspection including that at times, the quality of care being delivered to residents was not at an optimal level. Overall, the findings of the current inspection indicated that improvements had occurred. A number of actions were still in the process of being addressed. Ongoing improvements remained to be achieved in governance and management, staffing, training and development and information in relation to the contracts for provision of services.

There were clear lines of authority and accountability evident in this centre. There was a full time person in charge in place in the centre. They were present on the day of inspection. In order to complete their role effectively they were supported by a clinical nurse manager, senior support workers and a community and therapeutic facilitator. The person in charge directly reported into the regional manager. The clinical nurse manager had responsibility for the nurses. The senior support workers and clinical nurse manager were responsible for the support workers. Regular communication between members of senior management occurred in the form of staff meetings, Senior team meetings and health and safety meetings. A sample of these meeting notes were reviewed and topics such as specific residents' needs, Covid-19, health and safety, accident and incidents and shared learning were evident.

In addition to the staff meetings, a suite of audits were utilised to provide oversight of the care and support being provided. Audits occurred in relation to incident and accidents, clinical needs of service users, accessibility of information, money management, call bells, restrictive practices and medication management. For the most part actions identified in these audits were rectified in a timely manner. Some minor improvements were needed in the timeliness of response to some identified actions in relation to fire safety and call bells.

The inspection in December 2021 referred directly to issues in relation to staff culture and staffing arrangements that had been identified by the provider. In order to address these issues the provider had introduced a programme of staff training and a review of rosters. Staff had taken part in specific training in relation to policies and procedures and this was ongoing at the time of the inspection. Rosters were still in the progress of being reviewed. Monthly meetings were taking place with relevant stakeholders and a resolution on how rosters were going to be set going forward was still ongoing at the time of this inspection.

The purpose of this roster review was to ensure that staffing hours were allocated to times that were most beneficial for residents. While this was a positive development, it was noted that this roster review was ongoing since 2019. The staffing arrangements were generally in keeping with the centre's statement of purpose. Currently there were staff vacancies of 134 hours per week. Regular relief staff and

one agency staff were currently in place to cover any identified shifts. However, the impact of being short staffed was discussed by residents that met the inspector. One to one staffing hours were not always available to residents that were allocated the same. The provider was working towards a co-funding arrangement with an outside provider to ensure that these hours could be met.

On the day of inspection a record of all staff training was not available to review. This was due to the commencement of a new system to keep track of all staff's relevant training. As per inspector request a summary of all staff's outstanding training needs was submitted the following day. A large number of staff were outstanding in training in all mandatory areas.

## Regulation 15: Staffing

There was a staff rota in place and it was reflective of the staff on duty on the day of the inspection. A small number of regular relief staff and agency staff were used as required. The use of agency staff was kept to a minimum with one regular agency staff been utilised when needed. Overall the inspector found there were not enough staff on duty at all times and there were a number of staff vacancies in the centre which were impacting on the quality of service provision.

It was highlighted to inspectors in December 2021 that there was a need for a staffing roster review to ensure that staffing was appropriate to meet the needs of residents at all times. This was ongoing since 2019. The current inspection found that although roster review meetings were occurring at regular intervals with relevant stakeholders this review was still ongoing.

Many of the residents spoken with expressed that staff shortages were impacting on the care and support being provided. These views were also documented in the annual review in 2021. On inspection, a resident described an intensive morning routine in terms of their care needs that was often interrupted as staff had to be called elsewhere to help with another resident. Staff arrangements at times had been cancelled due to sick leave and residents expressed their dissatisfaction with this.

There was a large staff team employed within this centre with over 43 people currently identified on the roster. Residents expressed that their preference was to have a familiar staff team work with them as much as possible. This was not always possible.

Although staff recruitment was ongoing, the current system in place hindered the timeliness and flexibility of recruitment options. This system required review to ensure that vacant hours could be offered and filled as soon as possible.

Judgment: Not compliant



## Regulation 16: Training and staff development

The provider was in the process of introducing a new training academy programme to track staff training. This had just commenced. Due to the introduction of this new system the person in charge could not access training records on the day of inspection. These were reviewed the following day by the inspector. A large number of staff required updated training in a number of areas including First Aid, Fire safety training, Dysphagia, Manual handling and infection prevention and control measures.

Formal supervision was now occurring in line with the providers policy. All staff had received one to one supervision with a member of the management team in the first quarter of 2022. The person in charge was continually reviewing the supervision record and it was discussed at relevant meetings to ensure that staff were in receipt of supervision as required.

Judgment: Not compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure with clear lines of accountability and responsibilities. The registered provider had appointed a full time, suitably qualified and experienced person in charge. The person in charge was supported by a senior management team in the centre, a regional manager and quality partners within the organisation. It was found that the management team met regular basis.

Records of audits reviewed during this inspection included audits carried out in areas such as safeguarding and health and safety. The provider had also conducted regulatory requirements such as six monthly provider unannounced visits and annual review. An action from the inspection in December 2021 identified the need of consultation with family members or representatives for the annual review. This had now occurred and their views were represented in the report.

For the most part, actions for audits were being completed in a timely manner. On review of the call bell audits oversight improvements had been highlighted as an area of need to ensure call bells were working at all times. Call bells were used by residents to alert staff when they required assistance. This was identified in January 2021 and to date no formal systems were in place.

In addition to this, issues identified in fire drills in January and March 2022 which pertained to the same issue had not been formally addressed with the staff team. Oversight of issues identified in fire drills required improvements to ensure residents

were safely evacuated at all times.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had made efforts to ensure all contracts of care were signed in line with the requirements of regulation. Two contracts of care required sign off by a resident or relevant representative. The provider was in the process of ensuring this was completed in line with the relevant identified time line.

On review of the information in relation to service user charges this documents continued to need clarification in relation to charges incurred to ensure they were transparent.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to HIQA under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could negatively impact residents. It was found that all required notifications had been submitted.

Judgment: Compliant

## Quality and safety

In line with the findings of the previous inspection the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. Residents for the most part expressed that when staff were available to provide care it was in line with their assessed needs. Residents stated that they felt safe in their homes. In addition to speaking with residents and staff, key documentation was reviewed to determine if the care provided to residents was safe and effective. Continued focus was needed to ensure premises, protection against infection and fire precautions were in line with the requirements of regulation.

The designated centre and residents' apartments were provided with fire safety systems which included a fire alarm, emergency lighting, fire extinguishers and fire

hoses. Regular internal staff checks were in place. The fire alarm and emergency lighting were serviced as required. A suitably qualified fire expert had completed a review of the fire safety measures in the centre and identified a number of key areas of improvement. The registered provider had committed to completing these works over the coming months. However, continued improvement was required in relation to fire drills. For instance; a fire drill which reflected a night time situation, when staffing levels would be at their lowest, had not been carried out for each part of the designated centre. This was essential as many of the residents presented with complex needs in terms of their mobility.

The centre comprised of a purpose-built facility of self-contained apartments. While for the most part the premises was well maintained and was in a good state or repair, there were a number of areas that required attention. The provider had self-identified a number of these areas and there was a plan in place to address them. For instance; they were waiting on parts to repair the main washing machine and the elevator. For the most part the designated centre was well kept, homely and decorated in line with residents input and wishes. However, some apartments required review in terms of the condition of kitchens and furniture present. Work was continuing in relation to placing automated doors in areas of the home.

Personal protective equipment (PPE), including hand sanitizers and appropriate hand washing facilities were available and were observed in use in the centre on the day of the inspection. There were risk assessments and documents with contingency plans in place. These documents had been updated following learning during a recent COVID-19 outbreak. Cleaning schedules were in place, however, gaps were evident in cleaning records reviewed which indicated that some cleaning was not being carried out as scheduled. This was also identified in the previous inspection.

## Regulation 17: Premises

The centre comprised of a purpose-built facility of self-contained apartments. It was made up of a larger building with individual apartments and staff facilities for up to 10 residents while a further six apartments were located just outside this building. The larger building also contained other rooms and apartments which were not part of the designated centre and used as office space for other organisations. In general, the premises was designed and laid out to meet the aims and objectives of the service and the needs of the residents. Each resident had their own self-contained apartment which was decorated in line with their specific care needs and personal preferences. The residents' apartments were personalised and homely. Communal rooms and halls had been updated and redecorated. Residents had been consulted with in relation to these redecoration works and many residents mentioned on the day of inspection of the improvement in these areas.

While for the most part the premises was well maintained and was in a good state or repair, there were a number of areas that required attention. The provider had self-identified a number of these areas and there was a plan in place to address

them. For instance; they were waiting on parts to repair the elevator. This had been identified in the previous inspection and had been fixed, however, problems re emerged in April 2022. The provider had contacted the repair company on numerous occasions and evidenced this on the inspection day. The main washing machine had been broken since January 2022 and the provider was still waiting on parts for this. A kitchen in a resident's apartment was in a poor state of repair and had limited storage. The resident proudly showed the inspector the design plans for this area. The funding to enable this works was underway.

Two new automated doors had been installed one in the communal area and one in a residents apartment. The door on the residents apartment although installed was not operational on the day of inspection. Funding had been granted for the installation of additional automated doors in relevant areas of the centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The inspector noted improvement in infection prevention and control measures. A sample of temperature checks were reviewed and were in line with the providers policy. There was also ample supply of hand gels and personal protective equipment (PPE) and staff on duty were seen to wear face masks.

The premises on surface level appeared clean. Cleaning schedules were in place for the centre and cleaning was seen to be carried out during this inspection. However, gaps were evident in cleaning records reviewed which indicated that some cleaning was not being carried out as scheduled. This action was also identified in the December 2021 inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The designated centre and residents' apartments were provided with fire safety systems which included a fire alarm, emergency lighting, fire extinguishers and fire hoses. Regular internal staff checks were indicated as being done on the fire safety measures. It was found that the fire alarm and emergency lighting were now undergoing timely maintenance checks by external contractors.

A fire safety report had been drafted by a suitably qualified expert that identified specific areas that needed to be addressed. This was completed in February 2022. The provider was in the process of tendering for building works in relation to the same. This report identified a number of areas that required improvement to ensure

the centre was best equipped in relation to fire safety measures.

All residents living in this centre had personal emergency evacuation plans (PEEPs) which outlined the supports they needed to evacuate if required. However, PEEPS were stored in three different locations. The most up-to-date PEEP for each individual was not available in each of these locations. The systems in terms of this required improvement.

On a review of fire drills, it was found that drills with the least amount of staff and most of amount of residents had not been practised for all areas of the home. This had been identified in the previous inspection as an action. This was essential in terms of fire safety measures as a number of residents within the home presented with complex needs in relation to evacuation procedures.

Judgment: Not compliant

### Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff spoken with, were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. Residents had intimate care plans in place which detailed the level of support required. Where there were safeguarding concerns, there was evidence that appropriate safeguarding plans were in place which were monitored, reviewed and dealt with appropriately.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For instance; resident meetings were taking place and the residents were consulted in the annual review for the centre. Recently, a individual monthly service discussion was occurring for the resident's in the service. This was introduced to go the residents an opportunity to discuss any specific concerns they had on a one-to-one basis with staff.

The inspector found that personal care practices respected resident's privacy and dignity. The staff were seen to interact with residents in a respectful and dignified manner. It was noted that staff waited for a response from a resident before they entered their apartment. Residents were offered the choice to speak with the inspector and their time and preference of location was discussed with the inspector. The residents also had access to advocacy services as required. For

example, an advocate had been sought to ensure a resident's assigned hours were been utilised as needed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Waterford Cheshire OSV-0003457

Inspection ID: MON-0036200

Date of inspection: 03/05/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The roster review process is ongoing with a trial roster to be in place end July 2022.            All vacant contracted hours were advertised internally and are now filled.            Recruitment for new relief staff to commence June 2022.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Training dates that were scheduled for First Aid and Manual Handling training in May have been completed. One session of Fire warden training was completed on 2nd June with a second date scheduled for 3rd August 2022.            Issues with Cheshire's Training Academy have been addressed and the training records on the system are now up to date and accurately reflect the service's current training status. A meeting with the Training Manager is scheduled in June 2022 with supervisors and administration in the service to review and educate on the new system.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Extra documentation for call bell audits are now in place and are completed weekly and checked by a senior staff member.            Discussion of fire drills and any issues identified is now included on H&amp;S meeting agendas.            National H&amp;S Manager scheduled to audit fire drill records by end June 2022.</p>	
Regulation 24: Admissions and	Substantially Compliant

contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  One outstanding SLA is being reviewed and will be completed by end June 2022.  SLA documentation reviewed and charges document to be removed as residential services charges not applicable in this service.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Elevator repaired in May 2022 and now in working order.  Washing machine repaired in May 2022 and now in working order.  The resident whose kitchen requires renovation has submitted his application for a grant.  Automation to one resident's door has been completed and is in working order.  Senior Support staff supporting another resident who has funding approval for automation of his front door to get the work completed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  Revised and more detailed cleaning schedule now in place for cleaning staff to use.  Cleaning record for each apartment in place for staff to record on completion.  Cleaning records will be audited on a weekly basis to ensure cleaning is being carried out as scheduled.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Fire risk assessment completed by consultant and schedule of work being drawn up, first phase of work to be completed by end October 2022.  PEEPS have been reviewed and the most up to date version is stored in each resident's file and a copy is placed in the H&amp;S folder. The separate folder has been removed.  Fire drills to be audited by National H&amp;S manager and drills to be scheduled with minimum staffing and maximum residents present by end June 2022.</p>	

## 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 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.	Not Compliant	Orange	31/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/08/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/10/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	31/08/2022

	to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	30/06/2022

	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(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	03/08/2022