



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

## Issued by the Chief Inspector

Name of designated centre:	Le Cheile
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0005805
Fieldwork ID:	MON-0035666

## About the designated centre

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

The designated centre Le Cheile is a four bedroomed dormer-bungalow situated on the outskirts of a village in Co.Wexford close to the seaside. Le Cheile provides residential care services to three residents. Services are provided 24 hours a day, seven days a week and 52 weeks of the year. The centre is staffed by social and healthcare workers at all times. The centre is managed by a person in charge. The team of workers support the residents to achieve goals set out in their personal plan. The centre provided specialised behaviour support under the guidance of a behaviour specialist. The house comprises of four bedrooms: two bedrooms which are double en-suite and two double bedrooms which have access to an adjacent bathroom. There is a large ground floor kitchen and dining area which opens out to a conservatory with two spacious sitting rooms adjacent. There are laundry facilities available. There is also a staff office and an education room for the residents.

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

Number of residents on the date of inspection:	3
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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
Thursday 7 September 2023	10:15hrs to 16:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the compliance with the Regulations and Standards. Overall the inspector found that the centre provided a good quality of care and support to the three children who were living there. Although some improvement was required in the management of personal possessions, in documentation to guide on the management of infection prevention and control and in the notification of incidents.

Since the previous inspection of this centre, there had been a change to both the individuals holding roles of person in charge and person participating in management and to all children living in the centre. The centre is registered for a maximum of three children under the age of 18 years and is currently at full capacity. The inspector met with the local management team, members of the staff team and with all three of the children over the course of the day.

On arrival to the centre the inspector found that one young person had left to go to school. The person in charge and staff team explained that this was a new school for the young person and that this was their first week. Later in the day on coming home from school, the young person came to the office to speak with the person in charge about their day and to discuss decisions they had to make regarding book rental and subject choices. The inspector met with them later in the afternoon as they relaxed in their living room and had a snack. The young person discussed their love of animals and told the inspector about their pet canaries. They spoke about their love of playing video games and how they might like to work in this area in the future. The young person told the inspector that they liked their home however, found sharing it with younger children noisy at times.

The other two children were present in the centre and the inspector met with them and the staff supporting them throughout the course of the day. When the inspector arrived, one child was playing in the garden and bouncing on the trampoline and the other was being supported with personal care. Later in the morning both children were supported by staff to set up a paddling pool and spent a number of hours in the garden playing in the water and with toys and sensory items. The children were supported to have snacks and drinks as requested and to take some quiet time in the house to rest. At times the children were supported to explore the garden further and spent time together on the trampoline on on the swings.

Two children in this centre have complex communication presentations and the inspector saw that the staff were taking time to get to know their individualised cues and communication systems. The children engaged in fleeting eye gaze when interested in an item or person and used physical movement and vocalisation over different environments. The other young person in the centre communicated verbally and engaged in spoken conversation with staff and the inspector.

The staff team presented as knowledgeable in relation to the individual needs of the

children. While two of the children had only recently moved to the centre and the staff were still getting to know them, they were able to outline the different supports that the children required. Staff discussed the challenge in introducing new foods and expanding the children's diet in a manner that allowed for safe and enjoyable exploration of taste and texture. They outlined the different supports required at night for all of the young people and how different personalised routines were being developed.

The quality of care and support provided to the children was observed to be good however, the inspector found some areas that required review and improvement. For example, the management of personal possessions, infection prevention and control and notification of incidents. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The inspection was facilitated by the centre person in charge and also by a senior manager who holds the role of person participating in management for the centre. The inspector found that overall care was provided to a high standard, however, some improvements were required as already stated and which will be discussed under the relevant Regulations below.

The person in charge who facilitated the inspection was found to have a good knowledge of the individual care needs for the children in this centre, including where external appointed agencies were involved in the oversight and review of care. The person in charge was in a full-time role and they held responsibility for the day-to-day operation and oversight of care in this and one other centre operated by the provider. They were supported in their role by the person participating in management for this centre who also had detailed knowledge of children's needs and social histories and it was clear that the aim of both managers was to promote the welfare and well-being of the children who used this service.

Staff who met with the inspector had a good understanding of children's needs and also of the procedures which promoted their safety, welfare and well-being. Staff members outlined the prescribed response in regards to the reporting mechanisms for any areas of concern which they may have. In addition, staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as children first, safeguarding and also behaviours of concern.

The person in charge was greeted warmly by the young person on their return from school and by the children who were eager to engage with them during their day. It

was clear that the person in charge had good oversight of many care practices and the provider had completed all required audits and reviews which indicated that there were some minor issues which required review.

### Regulation 15: Staffing

The provider had ensured that the staffing compliment of the centre was in line with the assessed needs of the children living here. The numbers of staff had been adjusted to reflect the increasing number of children and their needs at admission and there was also ongoing review of the staff levels. Currently within the centre there was a full staff team in place with no vacancies.

The inspector reviewed the current and planned rosters in addition to a sample of previous rosters and found that they were well maintained and reflective of the actual staff in the centre. The children were supported by two staff by night, one waking and one sleeping and by staff in a 1:1 capacity by day. The person in charge had access to a team of consistent relief staff that were used to cover planned leave or absence.

The staff team had access to a member of the management team for support at all times and outside of working hours information on who to call was available via an on-call roster.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider and person in charge ensured that all staff were facilitated to attend training and refresher training as required. The provider had a system of oversight and monitoring in place to ensure that training was scheduled when required. There was evidence that staff had completed training that was mandatory, in addition to training that was specific to the assessed needs of the young people.

There was a system of formal supervision and support in place and the person in charge had a schedule in place to ensure all staff were supported as outlined in the provider's policy. Where staff were new to the centre and to the provider there was a record maintained of an induction and probation pathway.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that there was a management team in place with clear lines of authority and accountability. The person in charge was employed in a full-time capacity and had responsibility for this and one other centre operated by the provider. They were supported in their role by a senior manager who held the role of person participating in management for this centre.

The senior manager and the person in charge met on a regular basis and there was a monthly formal support meeting face-to-face with the person in charge also completing a weekly overview report as part of their oversight systems. There was evidence of regular audits and action plans that arose from these with clear records of progress towards meeting these actions recorded.

The provider had systems for their oversight which included an annual review and six-monthly unannounced visits as required by the Regulation in addition to manager audits.

There were staff meetings occurring which allowed for systems of communication within the staff team. In addition managers meetings were held to review matters that pertained to centres operated by the provider and to share learning across centres.

Judgment: Compliant

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

Since the last inspection of this centre there had been a change to the children living here, with three new young people now living in the centre. One young person had moved to live in the centre in October 2022 with the other two children having moved in to the centre in August 2023. In all instances the provider and person in charge had followed their admissions process. There was evidence of liaison with other agencies that were also involved in the move of the children into the centre.

This process included pre admission assessments and the development of risk assessments in addition to consideration given to compatibility. There were considerable age differences between one young person and the other two children, and this had been considered in advance, for example in the provision of two sitting rooms. Also the older of the young people had a bedroom upstairs in the property with the younger two children having bedrooms on the ground floor.

All three children had a contract of care in place which was yet to be signed for the most recent admissions however, was prepared and present in the centre and



outlined the service and facilities to be provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had for the most part ensured that incidents and accidents had been notified to the Chief Inspector of Social Services as required by this Regulation. However, on review of the records of incidents in the centre the inspector found that not all had been returned. These included notifications of minor injuries that are required on a quarterly basis, in addition to notifications that are required within three days such as an occasion where a young person was without staff support for a period of ten minutes.

Judgment: Not compliant

### Quality and safety

The inspector found that children were supported to have fun and that the service promoted their welfare and well-being. The children from observation and report appeared happy living in this centre and the provider had employed a staff team who had a kind approach in regards to the provision of care. The inspector observed that the person in charge and staff team responded respectfully to the children at all times and were caring and familiar with their individual needs.

Children were supported to access play and activities suitable to their needs in addition to outings in the local community arranged. For one young person the provider had supported them in accessing education and for the other children the provider was in the process of providing pre-school and school access. Consideration was given to children's dietary needs and snacks and meals were regularly offered and freely available.

Children were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

### Regulation 10: Communication

The person in charge and the staff team were working to ensure that the complex communication needs of some of the children were considered throughout the day and in their home.

Throughout documentation related to the children, there was an emphasis on how best to support them to understand information and for one young person this included the best guidance to gaining informed consent. Children had communication support plans which were still being developed and these were detailed on how to support a child with their understanding or to express themselves. Every effort was made to ensure that the young people could receive information at a level that was developmentally appropriate and in a way that they could understand. Staff were aware of communication supports children required and were noted to be responsive and kind.

The centre had access to the Internet and young people had areas where they could engage with assistive technology such as electronic tablets or smart phones. For one young person this also included access to electronic gaming systems and their personal computers.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider and person in charge had ensured that all children had access to their personal items and their photographs and personal mementos were available throughout their home. This ensured that their home presented as individual to those who lived there. There was evidence in personal plans of the children being involved in decisions on toy purchases and one young person explained to the inspector how they had decided on which piece of electronic equipment they wished to buy to support their love of gaming. However, improvement was required in financial oversight systems and in the practices to safeguard young people's finances.

Where a young person was in receipt of disability allowance the provider had supported them in establishing payment to a personal bank account. The inspector found however, that there were no systems to review or audit receipts or to review cash balances nor to reconcile or review bank statements. The inspector found that the young people in this centre were therefore not appropriately safeguarded by any financial oversight practices in place. The provider could not give an assurance that the young people were not subjected to financial abuse as they had no monitoring or support systems in place.

Judgment: Not compliant

### Regulation 13: General welfare and development

The provider and person in charge were working to ensure that the children's educational needs were well supported in this centre and children were supported to attend school or pre-school. One young person had started their educational placement and reported that they enjoyed school. This was their first week of attendance and there were developing regular systems of communication between school staff and centre staff to ensure a consistent approach to supporting the young persons learning. Applications for education or pre-school placements were in train for the other children in the centre.

Where external appointed agencies were involved in the oversight and review of the care and support provided to the children, the person in charge had ensured that the children were supported by appropriate advocates and the inspector reviewed meeting minutes that outlined the systems of oversight for supports in place to the children.

There were ample facilities for children to play and relax with suitable outdoor safe play areas and internally with comfortable communal and private rooms in place. The garden had been made safe and secure to support the children in having more independent access to toys and to protect them from risks such as the road outside the gate.

The children were supported in developing a consistent daily routine and in learning the routines associated with everyday tasks such as having a bath or sitting at the table for meals in addition to having time for independent play. They were supported to go to amenities in their local community and one young person enjoyed a local youth club and opportunities to explore their local community.

Judgment: Compliant

### Regulation 17: Premises

This centre comprises a large detached house in a rural setting close to a village and to the coast. The centre is registered for a maximum of three children and is at full occupancy.

Overall the centre is designed and laid out to meet the assessed needs of the children living in the centre. There are two sitting rooms with one available for younger children and decorated in line with their interests and a second living room

laid out to meet the needs of a young person. All of the children have their own bedroom decorated and furnished to meet individual needs and there are bathrooms both upstairs and downstairs. There is a large kitchen that connects to a sun-room/dining room with a staff office and separate staff sleepover room.

The house presented as warm and homely and was decorated to reflect the lives of the children who lived here with toys, computer games or artwork throughout. One young person had their pet birds in their bedroom and each young person was facilitated to engage in activities they preferred.

There were systems in place to log areas where maintenance and repairs were required and evidence that minor works are completed on an on-going basis including painting and decoration.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy that contained all areas as required by the Regulation. The provider had ensured that risk management systems were in place in the centre. A risk register was in place which was regularly reviewed and had recently been updated. Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water or flooding. A centre emergency plan was also available which was detailed and kept up -to -date.

A system was in place for the recording of any accidents or incidents in the centre and adverse incidents were responded to appropriately. All children had individualised risk assessments and risk management plans in place. For the children who had very recently moved into the centre these assessments were ongoing and risks were evolving. Risk assessments were associated with restrictive practices and personal plans in addition to the development of risk assessments aligned to children's safety assessments. There was evidence that risks were reviewed and amended or closed as required and that new risks were opened. As discussed and reflected under Regulation 12 an assessment relating to the management of financial vulnerability required review.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge has ensured that measures were in place for the most part, for protection against infection in the centre. The inspector found that the centre was clean on the day of inspection. Staff were observed over the course

of the day completing cleaning tasks when their schedule allowed and they were familiar with the processes and protocols in place. The provider had a colour-coded system in place for the management of cleaning equipment however, the inspector observed a wet mop left sitting in a bucket in the utility room and not hung to dry. This was later completed by the manager who discussed this with the staff team.

There was a daily and weekly cleaning schedule used and cleaning rosters in place which were monitored and checked by the person in charge. Systems and checks were also in place to monitor the water flushing procedures to protect against the risk of water-borne disease. Some improvement was required in providing procedures and documentation to guide staff in the cleaning of bird cages and in supporting the young person with this task.

The provider had ensured that there were clear contingency plans in place for the management of an outbreak of COVID-19 or other healthcare-associated disease. There were infection prevention and control risk assessments and care plans in place for the management of identified risks. There were laundry and waste management systems in place however, the bins located external to the centre were observed to be overflowing on the day of inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each child had an assessment of need and personal plan in place. The inspector acknowledges that this was not yet required for the children who had recently moved into the centre under the time line of the Regulation. However, the person in charge had completed an initial assessment of their strengths and needs and had devised initial personal plans. From the sample reviewed, all of the children's needs and abilities were clear. For one young person their assessments and plans were being regularly reviewed and updated.

The provider had a system in place to ensure that all plans were reviewed on at least an annual basis and areas that were important to them formed the central part of these reviews. All children's goals were reviewed on a monthly basis and linked with other plans where indicated. For example, for one child there were suggested activities to try and then a record maintained of levels of engagement or enjoyment in addition to the resources that may be required.

One young person had been supported to set goals that had meaning for them, for instance, to attend a local animal park and walk an animal such as an alpaca. For another child it was to get some new toys as part of decorating their bedroom.

Children had their preferred activities included in their weekly plan such as taking time to complete tasks such going to the park or going to youth club. The young

people had access to copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

### Regulation 6: Health care

The children in this centre were supported to maintain best possible health. The provider and person in charge ensured that children had access to their general practitioner (GP) and medical specialist assessment as required. In addition the person in charge was following up on referrals to health and social care professionals and ensuring that the children were supported to maximise their development potential.

The person in charge and the staff team were implementing medical advice into everyday activities this included the development of health action plans in areas such as brushing teeth, nutritional management or hair washing.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge had ensured that there were robust behavioural support arrangements in place. Behavioural support assessments and plans were reviewed by the inspector and found these gave a clear account of the arrangements to support a child in regards to their needs with behaviour that challenges. They were found to be regularly reviewed and amended to reflect the children's current presentation. Plans contained guidance as indicated from other health and social care professionals such as occupational therapy or psychology or medical professionals such as psychiatry.

Staff who met with the inspector understood these recommendations and they clearly described how best to create an environment which reduced the likelihood of behaviours that challenge occurring. They also outlined how they responded when behaviours of concern were present. This was of particular importance given the significant age difference between the young people who lived in this centre and their different needs and vulnerabilities.

There were a number of restrictive practices in place in the centre which were assessed for and implemented in line with national policy and best practice. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre. The provider

ensured that all restrictive practices were reviewed quarterly in their restrictive practice committee attended by all persons in charge and the provider.

Judgment: Compliant

## Regulation 8: Protection

Notwithstanding the areas of financial concern identified and referred to under Regulation 12 the provider had ensured the children in this centre were protected from all other forms of abuse.

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of children in this centre. The staff members who met with the inspector had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported with clear policies and guidance in relation to areas such as toilet training and nappy changing. Clear and direct personal and intimate care plans reviewed by the inspector also aimed to promote the children's individual independence. These plans were linked to the children's communication plans and to their positive behaviour support plans.

There were support plans based on recent assessments in place. These included safety assessments for the children in their home, in the community and while engaged in learning, all of the plans promoted health and well-being while ensuring the children were protected. There was clear guidance for staff on the recording and response to unexplained bruising and systems for recording minor injuries in addition to guidance on supporting safe Internet access and use of mobile phones.

In addition, the inspector found that children had their own bedrooms and access to their own possessions including toys, DVDs, and age appropriate clothing which was laundered and stored appropriately.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Le Cheile OSV-0005805

Inspection ID: MON-0035666

Date of inspection: 07/09/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC submitted the NF05 and NF09 immediately after the inspection as per the protocol. The centre files have been organized to ensure incident reports are all filed in the one folder to ensure incidents are reviewed by the PIC and BS weekly to identify the requirement for notifications.</p> <p>The registered provider has arranged for a shared learning day for all PICs in the organisation to receive training on Regulation 31 Notifications with the Senior Managers to ensure all PICS are aware of their responsibility to submit notifications and the nature of each requirement regarding incident oversight.</p> <p>A copy of the notifications handbook has been shared with the centre for the PIC to have accessible information on submission of notifications and awareness of what each notification is relating to and its requirement for submission.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Following the HIQA inspection the PIC carried out a formal conversation with the resident and relayed the requirement for oversight of finances. The resident accepted the information having been made aware of the non compliance and reviewing the inspection report. The PIC has documented the conversation as a key-working session and has made arrangements for the resident to have copies of their bank statements reviewed to ensure oversight of the spending. The resident wishes to retain management of own finances and assessment indicates capacity to do so with support from the PIC and staff team to safeguard their weekly income.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has shared learning with the staff team on management of cleaning of the residents pet bird including information on infection control regarding the bird droppings. A staff meeting was held post inspection to remind staff of the shared learning in place and the importance of keeping the bird cage area sanitized daily to prevent infection. The resident was informed of the inspection report results and informed of the staff having responsibility to ensure the room is sanitized daily to prevent infection and the support provided to maintain a clean environment for them and their pets. The PIC has arranged for additional wheelie bins to ensure there is adequate space for waste and recycling to prevent overflowing and all staff are reminded at the staff meeting to ensure rubbish is compacted effectively in the bins using PPE provided.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/10/2023
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	Substantially Compliant	Yellow	22/09/2023

	infections published by the Authority.			
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	22/09/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/10/2023