



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 5
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0005832
Fieldwork ID:	MON-0033135

## About the designated centre

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

Stewarts Care Adult Services Designated Centre 5 is comprised of four houses located in suburban areas of West Dublin. The provider organization is Stewarts Care Limited. The centre can accommodate up to 15 residents with intellectual disabilities, positive behaviour support needs, as well as non-complex health care needs. There is a person in charge employed, who manages a team of social care workers, nurses and health care assistants.

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

Number of residents on the date of inspection:	15
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	10:00 am to 4:40 pm	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

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

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

During the inspection, the inspector visited all four residential houses that made up the designated centre. Three of the homes were located across a suburban town in County Dublin and within a five minute drive from each other, the fourth house was located in a different town in County Dublin, approximately 10 minutes drive away.

On the day of inspection, residents were present in two of the residential houses. In one of the remaining houses residents were not present as they were receiving their booster vaccinations and in the fourth house, residents were out of the house on visits and engaging in community based activities.

In the first house the inspector visited, all residents greeted the inspector and showed them around their home. The house had recently been refurbished. Residents told the inspector they liked the improvements in their home. They told the inspector that their bedrooms had been repainted and they had chosen the colours and the curtains to match their bedrooms.

In the hallway and stairs there was new carpet and the house had been repainted throughout. A storage press had been removed from the dining room space and placed in the staff office to make the area more homely. A large flat screen TV had been mounted in the living room which residents were very happy about. The toilet and bathrooms had been redecorated with new flooring in the shower room upstairs.

One resident invited the inspector to spend some time with them to chat. They showed the inspector their electronic tablet device and discussed how they had access to the Internet. This was a new improvement in the centre whereby previously residents had not had access to Wi-fi or the Internet.

The resident showed the inspector their mobile phone and tablet and put on a song of their favourite singer. The inspector and resident discussed various music artists the resident liked and they told the inspector that they intended to get a birthday cake with their favourite singer on it. The resident said they missed their day services and their friends and were looking forward to going back. The resident said she was very happy to have Internet access and showed the inspector their social

media page whereby they kept in contact with their friends and family.

In the second house, visited by the inspector, all residents were seated in the kitchen/dining area. One resident was chopping vegetables in the kitchen while other residents were busy with art work and colouring. Residents in this house were happy to chat with the inspector and show them around their home also.

Two residents showed the inspector their bedrooms. Their rooms had been decorated to reflect their personality and interests. One resident had an interest in politics and they showed the inspector various pictures of Irish political figures that they admired and were framed and hung on their bedroom walls. Another resident invited the resident to look at their bedroom. They showed the inspector a flat screen TV they had installed in their bedroom that they were very happy about and also pointed out some photographs of their friends on the wall in their bedroom.

Residents in this house told the inspector that they were very happy, they said they got along with each other and they said the staff were very nice to them. Some residents took time to point out some other photographs on the wall in the living room area. These photographs were of the residents living in the centre and of excursions and good times they had with each other. The inspector asked the residents what they were having for dinner and they said it was chicken curry. They described how they took turns to make dinner in the centre and really enjoyed preparing the meals for each other.

The inspector observed and heard very pleasant and kind interactions between staff and residents in both houses visited during the inspection. Residents were overheard in one house having a lot of jokes and fun with each other and also staff members present. They were heard asking staff for their help with some chores and staff were observed and heard to encourage and praise residents and remind them of some self-help skills which encouraged them to be as independent as possible and achieve praise and acknowledgement for a job well done.

Residents also told the inspector that they had laundry baskets in their bedrooms and that they washed their own clothes and were good at it.

The inspector then visited the remaining two houses that made up the centre. The inspector observed one of the houses had also undergone some refurbishment. Newly fitted kitchen units and repainting throughout. Some additional improvements had occurred in the bathroom area to address a build up of mould. This had occurred on foot of a recent infection control audit, demonstrating the effectiveness of the audit in capturing key areas for improvement and prompt addressing of these issues by the person in charge.

The last house visited on the inspection was home to two residents that had recently transitioned into the service. This house was decorated and maintained to a very high standard and was observed to be comfortable, homely and decorated to reflect the personalities and preferences of the residents.

While refurbishment works had been undertaken in two of the four houses, in one house, improvements were required. The inspector observed the shed in the garden

area was old and no longer suitable for use. A number of areas required repainting throughout, the carpet on the stairs and hall was old and worn and the fridge had been deemed not suitable to meet the needs of the residents living in the house and required replacing.

In another house, some infection control improvements were required. This related to the use of net curtains in areas where condensation was present, for example in bathroom and utility space. It was also noted there was a lack of infection control guidance or risk management procedures with regards to soiled linen in the house where the washing machine was located in the kitchen area.

In summary, the inspector found that each resident's physical and social well-being was being managed to a good standard albeit impacted by COVID-19 and restrictions in their access to day services. Staff endeavoured to provide residents with the opportunity to engage in activities within the resources available and with due regard to the needs of residents and COVID-19 restrictions.

The instating of a full-time person in charge and the recent appointment of social care workers in three of the four houses that made up the centre had brought about improvements in the quality and compliance in the centre.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

The provider was operating and managing this designated centre in a manner that ensured residents' needs were met by a staff team who were delivering person-centred care.

However, improvement was required to ensure the provider carried out provider-led audits and reviews of the quality of service provision in the centre within the time frame set out in Regulation 23.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They had recently completed a course social care and were awaiting their qualification certificate. They were responsible for this designated centre only. They informed the inspector that the social care worker on duty for the day were the assigned responsible person for the centre in their absence and on-call management systems were also in place.

An annual review had been completed for 2020 by the provider. This review met the

requirements of Regulation 23.

The provider had carried out one regulatory required visit to the centre once in 2021. While it was acknowledged that a provider-led audit had occurred in each house that made up the centre, the frequency of the visits were not in line with the matters as set out in the Regulations.

The provider-led audits were however, comprehensive in scope and provided an improvement action plan to bring about enhanced compliance, there were additional improvements required. On the day of inspection the person in charge provided the inspector with a copy of the audits carried out in each house and the inspector reviewed if actions identified on the audits had been completed.

Overall, it was demonstrated most of the actions had been addressed with some actions outstanding which related to upgrading of the premises in one house and updating support plans for residents. The person in charge provided the inspector with evidence of these matters in progress with review dates for plans scheduled with relevant allied professionals and copies of invoices for various premises improvement works.

In addition, the person in charge and social care workers completed operational day-to-day management audits in each house in the areas of health and safety, risk assessment reviews and residents' finances. Other audits present in the centre had been carried out by key stakeholders in the organisation, for example a fire safety audit had been completed in each house and an infection control audit had been carried out by a clinical nurse specialist in each house also. Again, the inspector noted the person in charge had addressed a number of the actions identified on these audits.

These governance arrangements and the action to address findings from audits by both the provider, person in charge and recently appointed social care workers contributed to the overall good compliance findings on this inspection.

The provider had appointed a social care worker to three of the four houses that made up the designated centre. The inspector discussed this new role within the designated centre with the person in charge. They outlined how that the appointment of these new positions in the designated centre had greatly enhanced the operational oversight arrangements in the centre and provided a considerable support to them in terms of their management and regulatory remit.

These posts were relatively new in the organisation and the roles and responsibilities for social care workers in the centre in terms of engaging operational management were being embedded. However, it was notable that the provider had made positive improvements to the governance of the centre in this regard which in turn better supported the person in charge and brought about improved compliance and better outcomes for residents.

Staff training was made available to staff. The person in charge maintained an up-to-date training audit for staff across all four houses that made up the designated centre. The inspector reviewed the training arrangements for staff and noted staff



had received up-to-date mandatory training. Refresher training was also made available to staff. Staff had also received supervision meetings with their line manager also.

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

The provider had submitted a notification to the Chief Inspector of a change of person in charge to the centre.

While most of the required information had been submitted, the provider had not submitted all required information for the person in charge, for example,

- A Qualification Certificate
- A second reference.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and were responsible for this designated centre only.

The person in charge was knowledgeable of the assessed needs of residents in the centre and had ensured up-to-date personal planning arrangements for all residents.

The person in charge had completed a management course to fulfil the requirements of Regulation 14.

The person in charge was supported in their role by appointed social care workers that were assigned to three of the four houses that made up the designated centre. This enhanced the support and oversight arrangements in place to govern and manage the centre and support the person in charge to carry out their regulatory role.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with training in mandatory areas such as safeguarding vulnerable adults, Children First, Fire safety and manual handling.

Refresher training was also made available and staff were supported to attend this training when required.

Staff supervision meetings had taken place and documented records were maintained by the person in charge.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed an annual review for 2020 that met the requirements of Regulation 23.

The provider had carried out one provider-led audit in each house that made up the designated centre in 2021. While they were comprehensive in scope and identified areas for improvement, they had not been carried out in a time-frame that met the requirements of Regulation 23.

There was evidence of ongoing operational management auditing occurring in the centre. These audits were carried out by the person in charge, social care worker and other organisational stakeholders.

There was evidence of actions being addressed in a timely manner by the person in charge and provider on foot of audits carried out. This demonstrated the audits were effectively capturing areas for improvement, identifying risks which in turn were acted upon by the provider and person in charge.

There was evidence of the effective use of auditing tools in the centre and timely action taken in bringing about the overall good levels of compliance found on this inspection.

The provider had appointed social care workers to the centre to enhance the governance oversight arrangements in the centre which in turn supported the person in charge in their regulatory role.

Judgment: Substantially compliant

### Quality and safety

This inspection found that residents were in receipt of a service that was person-centred and for the most part, meeting their social care needs. Some improvements were required in relation to the premises and infection control standards.

The provider had ensured residents lived in a pleasant and homely environment in each of the residential homes visited. The provider had carried out a suite of upgrade works in two of the four residential homes. One home did not require upgrade works and was maintained to a high standard.

The inspector observed where refurbishments had taken place the provider had ensured residents were involved and consulted in picking out the colour scheme and furnishings for their home. Residents spoken with told the inspector they liked their homes and the enhancements that had occurred and were proud to show the inspector their bedrooms and describe the changes that had occurred in their home.

Toilet and bathing facilities were to a good standard. The provider had upgraded some of the bathing/shower and toilet facilities by putting in new flooring and sinks, for example. New kitchen units had been installed in another home and new curtains hung in the dining/living room area. One house however, did require some further premises refurbishment works to ensure it was maintained to a good standard throughout.

The provider had processes in place to promote residents' safety and protect residents from harm. There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with national policy. Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. Overall, there were a low number of safeguarding incidents occurring in the centre. There were systems in place however, to monitor for safeguarding concerns.

The inspector reviewed two safeguarding plans and noted they had not been reviewed for a long period of time, however the recently appointed person in charge had scheduled safeguarding meeting dates to review these plans and to close or update them as part of the review meetings.

Staff were provided with training in safeguarding and refresher training was also made available. Each resident had an intimate care plan in place.

There was a schedule of maintenance in place for fire safety equipment. The inspector reviewed servicing check records in each residential home visited and noted they were up-to-date in each house with a record maintained and available for review in each house. Staff had received training in fire safety management with refresher training available and provided as required. Each house had also undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety.

Containment measures were adequate in each home with fire doors fitted with smoke seals observed in all homes visited. Door closers were also located on fire doors and in some homes they were fitted with magnetic release mechanisms. Fire drills had been carried out during day and night time hours and recorded and maintained in fire folders in each house. Each resident had a documented personal evacuation plan which was in date maintained in the centre.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. The premises across all residential houses were maintained to a good standard of hygiene throughout. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

The provider had also ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. This audit had found good infection control standard precaution implementation in the centre with some minor improvement actions required.

The inspector observed some areas where infection control standards required improvement.

In one house the washing machine was located in the kitchen area. It was not demonstrated that an infection control risk assessment was in place to ensure infection control measures were documented to control and mitigate the potential spread of infection when laundering soiled linen in the kitchen area.

In another residential home, the inspector observed the presence of net curtains in the bathroom and utility space which were areas that had the potential for water condensation or steam and therefore posed a risk for the development of mould as a result. In addition, such curtains could not be wiped down and therefore were not the most suitable option for ensuring standard precautions, for example. This required improvement.

Where required residents had positive behaviour support planning in place. The inspector noted residents behaviour support planning was under review and scheduled meeting dates with appropriately qualified allied professionals had been scheduled.

Overall, the inspector observed there to be very minimal restrictive practices used across all of the four residential homes that made up the centre. Residents had free access to all areas of their home and were supported to access their community with the support of staff and/or independently in line with their assessed independence levels and wishes.

## Regulation 13: General welfare and development

Residents told the inspector they missed their day services a lot and missed meeting their friends. There had been a significant impact on some residents in this regard as prior to the pandemic they had lived very active social lives with many community

based opportunities. These opportunities had ceased for some residents.

The provider was required to review the day service arrangements for residents to ensure they were provided with options to engage in social and community based opportunities within the context of COVID-19.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had carried out a suite of refurbishment upgrades in two of the residential houses that made up the centre.

The inspector observed those homes that had been refurbished had been repainted throughout, new carpets and flooring had been installed. New kitchen units had also been installed in another home.

Residents spoken with were very happy with the redecoration of their homes and had been involved in picking out paint colour schemes and soft furnishings, for example.

Some improvements were required in one of the homes that had not yet been refurbished.

- A shed in the rear garden of the home was old, broken in many parts and required replacing.
- The carpet was old and frayed in the hallway, stairs and landing and could not provide the most optimum infection control standards.
- Throughout areas required repainting, there noticeable marks, stains on most walls in the home and residents' bedrooms.
- The fridge in the centre was not big enough to suit the needs of the four adult residents living in the centre who liked to cook wholesome meals for each other every day. In addition, the seal on the fridge was ineffective and could not be repaired and therefore the fridge required replacing.

Judgment: Substantially compliant

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

The inspector reviewed transition planning arrangements for two residents that had been admitted to the centre earlier in the year.

These were found to be comprehensive in nature and demonstrated resident and

their families and representatives, had been involved in the transition process.

Residents had also been provided with an opportunity to visit their new home prior to moving in and this transition had been planned in a coordinated manner with the residents' full involvement.

The person in charge had been provided with a full assessment of the social care and health care needs of residents prior to their transfer.

The person in charge had carried out additional health care checks for residents following their admission to the centre and had made further healthcare review appointments on foot of that review.

Judgment: Compliant

### Regulation 27: Protection against infection

There were COVID-19 contingency outbreak planning and systems in place.

There were good supplies of PPE in the centre.

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

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

The provider had ensured additional infection control standard precaution oversight arrangements were in place.

An infection control audit by a clinical nurse specialist, had been carried out in the centre and reviewed all areas of infection control including and outside the context of COVID-19.

Some improvements were required.

- The use of net curtains in the bathroom and utility space in one house required review.
- There were no infection control risk assessments or guidelines for staff and residents to follow in the house where the washing machine was located in the kitchen area.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire containment measures were suitable and in place in all four residential homes that made up the designated centre.

Staff had received training in fire safety and refresher training was also made available.

Residents had participated in day and night time evacuation drills which evaluated the effectiveness of fire evacuation procedures with the minimum number of staff available.

Each resident had a documented personal evacuation plan in place.

Servicing check records were maintained in each residential home and were found to be up-to-date.

Staff carried out daily fire safety checks and records were found to be maintained and up-to-date.

The provider had made arrangements for a fire safety audit to be carried out in each residential house. This audit had been carried out by a provider stakeholder with a remit in fire safety.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Overall, residents were supported to live in a restraint free environment.

Some presses and cupboards were locked, however, this did not impact negatively on residents as they contained specific cleaning products for the purposes of managing an infectious outbreak, for example.

Residents were supported to live their lives as independently as possible. The inspector observed residents independently preparing and chopping vegetables during the course of the inspection with discreet observation and support from staff. Residents were also supported to access their local community independently with support provided if required.

Behaviour support planning arrangements were in place and were, at the time of inspection, under review by the person in charge who was ensuring they were reviewed and updated by an appropriately qualified allied professional.

Judgment: Compliant

## Regulation 8: Protection

There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with national policy.

Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. Overall, there were a low number of safeguarding incidents occurring in the centre. There were systems in place however, to monitor for safeguarding concerns.

The inspector reviewed two safeguarding plans and noted they had not been reviewed for a long period of time, however the recently appointed person in charge had scheduled safeguarding meeting dates to review these plans and to close or update them as part of the review meetings.

Staff were provided with training in safeguarding and refresher training was also made available.

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 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 5 OSV-0005832

Inspection ID: MON-0033135

Date of inspection: 09/12/2021

## 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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: <ul style="list-style-type: none"> <li>• The information required to be submitted for registration purposes was completed on 03/01/2022.</li> <li>• All required information for registration purposes will be submitted with time frames moving forward</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The provider-led audit will be carried out within the 6 monthly time-frame that meets the requirements of Regulation 23.</li> </ul>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• The provider appointed a day service manager in late November 2021 to speak individually with the residents to seek their individual wishes and preferences regarding what day service arrangements would meet their individual needs.</li> <li>• All residents wishes were listened to and plans will be put in place which will meet their specific needs to ensure they were provided with options to engage in social and community based opportunities.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The shed for the rear garden of the identified home was ordered on the 3rd Dec and we are currently awaiting delivery of same.</li> <li>• The hallway, stairs and landing in the identified home were measured on the 16-12-2021 for wooden flooring and carpet on the stairs to maintain good IPC measures and awaiting date for fitting</li> <li>• The technical services manager has reviewed the areas requiring painting and the home has been placed on the schedule of works due to be completed in 2022</li> <li>• The fridge in the centre which was identified as not being not big enough to suit the needs of the four adult residents living in the centre was replaced on the 17-12-2021</li> </ul>	
Regulation 27: Protection against infection	Substantially 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>• The requirement for the use of net curtains in the bathroom and utility space was reviewed and same were removed on the 10-12-2021 with agreement and consent of the residents in the home.</li> <li>• The infection control risk assessments protocol for use of the washing machine for staff and residents to follow in the house were put in place on the 11-12-2021</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
Registration Regulation 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	03/01/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Substantially Compliant	Yellow	11/12/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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