



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 2
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0005850
Fieldwork ID:	MON-0033131

About the designated centre

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

Designated Centre 2 is operated by Stewarts Care Limited. This designated centre provides full-time residential services for up to 13 adults with intellectual disabilities. The centre comprises of three residential houses located across two housing estates in Leixlip, Co. Kildare. All houses are within walking distance from each other. Each residential house that comprises the centre is a detached two storey house fitted with a kitchen/dining area, private bedrooms for residents, garden spaces to the rear and a good supply of toilets/showers and ensuite facilities. The centre is managed by a person in charge who reports to a senior manager. The staff team comprises of nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

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
Tuesday 12 October 2021	09:30hrs to 16:00hrs	Ann-Marie O'Neill	Lead
Tuesday 12 October 2021	09:30hrs to 16:00hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

Stewarts Care Adult Services Designated Centre 2, comprises of three residential houses. All three houses are within a short walking distance from each other and located in housing estates on the outskirts of a town in Kildare.

During the course of the inspection, inspectors visited all three residential houses that made up this designated centre. Inspectors greeted and spoke with residents in each residential house. In some instances residents did not wish to engage or speak with inspectors and at all times this choice was respected. In each residential house, inspectors reviewed the premises, fire safety precautions and matters relating to infection control standards.

Conversations between inspectors, residents and staff were physically distanced as much as possible. Inspectors also wore personal protective equipment (PPE) at all times during the inspection.

Overall, inspectors found the provider had carried out most of the actions they committed to within their compliance plan response from the previous inspection.

In the first house inspectors visited, they met and greeted residents. Some residents engaged in brief interactions with inspectors. In this house, inspectors reviewed if premises improvements had occurred. These related mainly to the staff office space which impacted on the communal living space for residents, the presence of some mould in a bathroom and radiator that required replacement.

Inspectors observed the provider had taken steps to improve and address this. Staff files and folders were now stored in a cabinet making more space and room for residents in the space. In addition, it was observed the provider had installed a large flat screen TV in the room and a table and chair. An inspector spoke briefly to a resident that liked to use this space and asked them if they thought it was better. They nodded and said yes.

Although there were observed improvements in the living room space, some further improvements were required. While administrative folders and resident files were now neatly stored in the living room area they were still on view and did not demonstrate a homely environment. The person in charge outlined to inspectors that they had plans to purchase a large cabinet for the room where files could be stored more discretely and offer a more homely aesthetic to the living space.

The provider had made other improvements to the premises since the last inspection by replacing the leather couch and armchair in the house. They had also treated mould in the upstairs bathroom and had replaced a radiator.

Inspectors observed some further improvements were required in the residential

house however. Flooring in the living room area required a review.

Inspectors visited the second residential house that made up the centre. Residents in this house spoke for a short period of time with inspectors. One resident brought an inspector into their living room space which they liked to use for personal pastimes. They took down their large collection of music CDs and showed the inspector their collection. The inspector and resident also had a brief chat about their portrait which was on the wall in their living room space. They told the inspector when it was painted and the inspector and resident discussed the resemblance in the portrait. The resident then joined their peers at the kitchen table for a cup of tea and a biscuit.

Inspectors did not spend a lot of time in the communal environment of this house as residents preferred to have familiar people in their living space. However, inspectors did carry out a review of the premises, fire safety and infection control measures within the environment.

While the house was homely and well suited to meet the collective and individual needs of residents, some premises and infection control measures required improvement. Repainting was required throughout the home. In many areas it was noted there were marks on walls and areas where there had been paint touch ups which did not fully matching the original paint. An inspector also noted the requirement for a couch to be replaced in a living room space as it was not possible to maintain it in a hygienic manner following incidents of incontinence.

Inspectors visited the third and final house that made up the centre. Residents in this house were happy to chat with inspectors on subjects they had a specific interest in. They spoke about going to Dublin on a trip to visit Dáil Eireann and also spoke about birthday party celebrations they were looking forward to. Residents were observed colouring in Halloween pictures and appeared happy and content.

Inspectors carried out a review of the premises and infection control measures in the house. Similar to other houses visited, there were areas that required some repainting in the house. The ceiling in the kitchen area was stained and marked, where there had been a leak, and required repainting. Inspectors also noticed a crack on the wall in the living room area. On review with the person in charge and from emails shown to inspectors, the provider's housing maintenance department were reviewing the crack and a plan was in place to address this.

In summary, as discussed, the regulatory findings from this inspection were focused on assessing the provider's implementation of their compliance plan response to the previous inspection where high levels of not compliant were found.

Overall, inspectors found good levels of compliance within the specific lines of enquiry and associated regulations reviewed on this inspection. It was noted that there had been considerable progress towards improving compliance with the regulations in this designated centre.

There remained some residual safeguarding risks presented by residents which the person in charge and provider were required to continually monitor and review to

ensure their assessed needs were being suitably met in the centre. In addition, the provider was required to ensure effective systems were in place for carrying out six-monthly provider-led audits to ensure there was adequate oversight of compliance and quality in the centre at both an operational level within the centre and at a provider-level.

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 purpose of this follow-up inspection was to assess the provider and person in charges' progress in implementing the compliance plan actions from the previous inspection, March 2021, where high levels of non compliance were found.

Overall, inspectors found improved compliance across regulations reviewed on the inspection and within the specific lines of enquiry inspected against. Some improvement was required in relation to the provider-led auditing of the centre to meet the requirements of Regulation 23 and the public and private transport resource options for residents living in the designated centre.

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

The person in charge was responsible for two designated centres. Each designated centre comprised of three residential houses, which meant the person in charge had a wide regulatory and management remit. It was demonstrated however, the person in charge had the capability and capacity to oversee and manage the centre.

The person in charge had created a comprehensive suite of operational management audits for the centre which they used as part of their overall monitoring of the quality of service provision in the centre, addressing of actions from the previous inspection and day-to-day governance of the centre. These were found to be very effective in bringing about improved compliance in the centre.

In addition, the provider had appointed two social care workers for the centre, each were assigned to a residential house that made up the centre and they worked in a supervisory management role within the centre. This was a considerable governance improvement by the provider to enhance the overall management of the centre, support the person in charge in their role and sustain and improve compliance with the regulations going forward.

The provider had not completed a six-monthly unannounced audit for the centre in

2021. Therefore, while local operational management arrangements had considerably improved since the previous inspection, it was not found there was similar improvement made at provider-level for the centre in relation to auditing and monitoring of compliance in the centre. It was noted however, a scheduled provider-led audit was due to take place shortly after the unannounced inspection.

A shared transport vehicle was available for the centre. Staff and the person in charge outlined to inspectors the specific days the transport was allocated to their residential house with activities mostly planned for those days.

Improvements were required so all transport resource options, both private and public, were made available for residents to use to ensure they could attend community based activities outside of the days their private transport was allocated to their residential house.

The provider was required to review the transport systems made available to residents and ensure staff were trained in how to support residents to use public transport options where assessed as appropriate to meet their personal and social needs.

Since the previous inspection there had been a notable improvement in the notification of incidents to the Office of the Chief Inspector as required by the regulations. Inspectors carried out a sample review of incidents occurring in the centre and noted all required incidents had been notified. The person in charge's operational management auditing system had also supported them in capturing behavioural incidents which fell under a safeguarding concern, and notifying them also to the the Chief Inspector. Overall, this demonstrated considerable improvement in the systems for notifications since the previous inspection.

Some improvement was required to ensure notifications were submitted within the required time-frames as set out in the Regulations. There were instances where notifications had been submitted outside the three-day time-frame. The provider was required to put in place appropriate governance and management systems to support the person in charge to meet their regulatory requirements for notifying the Chief Inspector during periods when they were on planned leave, for example.

Overall, there had been considerable improvement in the staff training and supervision arrangements in the centre since the previous inspection.

On review of staff training records it was demonstrated all staff had received up-to-date training and refresher training since the previous inspection. In addition, staff supervision records demonstrated all staff had received a supervision meeting with their manager. The person in charge had also received supervision with their line manager. Records of supervision meetings were maintained in the centre. This was a significant improvement since the previous inspection where previously it was noted staff had not received a supervision meeting with their manager considerable periods of time, in some instances over a year.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the centre. They were responsible for two designated centres.

They had ensured the person in charge appointed met the requirements of regulation 14 in relation to experience and qualifications.

To support the person in charges' large regulatory and management remit, the provider had appointed two social care workers in the centre.

They had a supervisory management role in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge and provider had made considerable progress in ensuring staff had received training in all mandatory required areas and refresher training also.

In addition, staff had received a supervision meeting with their manager and a supervision schedule was in place and being implemented at the time of inspection.

Social care workers in the centre would also be responsible for carrying out supervision meetings with staff and this would ensure greater oversight of staff practice and provide day-to-day support and supervision.

Judgment: Compliant

Regulation 23: Governance and management

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

The person in charge had created a comprehensive suite of operational management audits for the centre which they used as part of their overall monitoring of the quality of service provision in the centre, addressing of actions from the previous inspection and day-to-day governance of the centre. These were found to be very effective in bringing about improved compliance in the centre.

The provider had appointed two social care workers for the centre, each were assigned to a residential house that made up the centre and they worked in a

supervisory management role within the centre. This was a considerable governance and management improvement by the provider to enhance the overall governance of the centre, support the person in charge in their role and sustain and improve compliance with the regulations going forward.

The provider had not completed a six-monthly unannounced audit for the centre in 2021 and therefore could not be assured of the quality of service provision and compliance with the regulations and standards in the centre.

Therefore, while local operational management arrangements had considerably improved since the previous inspection, it was not found there was similar improvement made at provider-level for the centre in relation to auditing and monitoring of compliance.

A shared transport vehicle was available for the centre. Staff and the person in charge outlined to inspectors the specific days the transport was allocated to their residential house with activities mostly planned for those days.

Improvements were required so all transport resource options, both private and public, were made available for residents to use to ensure they could attend community based activities outside of the days their private transport was allocated to their residential house.

The provider was required to review the transport systems made available to residents and ensure staff were trained in how to support residents to use public transport options where assessed as appropriate to meet their personal and social needs.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Since the previous inspection there was a notable improvement in the notification of incidents for this centre.

For the most part, incidents were notified within the required time-frames as set out in the regulations, however, there were some instances where there had been a delay in the notifying of incidents.

The provider was required to put in place appropriate governance and management systems to support the person in charge to meet their regulatory requirements for notifying the Chief Inspector during periods when they were on planned leave, for example.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found improved compliance across regulations reviewed. A number of considered and key actions taken by the provider and person in charge had ensured better compliance with the regulations and standards on this inspection. The provider for the most part had completed all actions they had committed to under-take in the compliance plan response.

However, inspectors found some additional areas on this inspection, that required improvement. These related to the maintenance and upkeep of the premises across all residential houses that made up the centre. Improvement was also required with regards to infection control standards outside of COVID-19 infection management measures. A residual safeguarding concern required ongoing review by the provider and the person in charge to ensure residents were safeguarded appropriately at all times.

As discussed, inspectors visited all residential houses that made up this designated centre. From a review of each individual residential house a number of premises improvement works were required to ensure they were maintained to a good standard throughout.

Inspectors followed up on a previous action in relation to fire evacuation at night time where staffing levels were at their lowest. The person in charge had reviewed this by carrying out an actual fire evacuation drill with staffing numbers night time staffing numbers. It was demonstrated this had occurred in each residential house.

Overall, it was demonstrated residents could be effectively evacuated from their home with the allocated staffing resources at night time. This demonstrated a review had taken place and the action from the previous inspection had been addressed. The person in charge informed inspectors that this evaluation would continue going forward as part of the overall fire safety precaution assessment arrangements for the centre.

Inspectors carried out an additional review of fire safety precautions across all three houses and noted good containment measures were in place. All doors in each house were fire doors, fitted with door closers and smoke seals. Fire safety equipment had been serviced regularly, staff had received refresher training in fire safety and residents' personal evacuation plans had been reviewed and updated as required.

An action from the previous inspection in relation to the risk management procedures for a specific medication had been suitably addressed.

Inspectors reviewed infection control measures and standards in the centre in the wider context outside of COVID-19 measures. Improvements were required. Inspectors observed some high level areas were not suitably dusted and cleaned. Communal storage of toothbrushes and nail clippers required review and a couch in

one living room space of the centre required replacing as it could not be suitably cleaned or maintained in a hygienic manner following incidents of incontinence, for example.

All staff had received refresher training in safeguarding vulnerable persons. Improved implementation of National safeguarding policies and procedures were found on this inspection.

Previously, it was noted safeguarding plans were considerably out-of-date and had not been reviewed or updated for a long period of time. A compatibility issue was also present in one of the residential houses that made up the centre which contributed to a number of peer-to-peer safeguarding concerns, which at the time of the previous inspection, did not have a plan in place to address or manage.

On this inspection, inspectors noted all safeguarding plans had been reviewed. There was evidence of the implementation of safeguarding procedures for arising safeguarding incidents in the centre and the person in charge maintained good monitoring systems for the oversight of interim safeguarding plans and final plans.

A resident had transitioned from the centre to a more suitable living arrangement which in turn had managed a safeguarding compatibility risk in the centre.

While these improvements had occurred, there remained residual safeguarding risks in the centre that required comprehensive behaviour support assessment, planning and oversight.

At the time of inspection, these assessments were underway with interim behaviour support plans in place. The person in charge and provider were required to monitor and review peer-to-peer incidents and implement the required safeguarding measures to support all residents in the centre.

Overall, it was shown there had been a considerable improvement in residents' personal planning arrangements. Residents had received a comprehensive assessment of need which included an allied professional framework. Support plans had been created and uploaded to the provider's electronic support plan system. Inspectors noted there had been considerable work and improvement made by the person in charge and the newly appointed social care workers for the centre in this regard.

The action from the previous inspection in relation to residents' personal plans had been addressed with evidence that continued improvement was planned and systems in place to sustain this.

Inspectors reviewed the management of behaviours that challenge in the centre and noted there were considerable improvements on this inspection in relation to behaviour support planning arrangements. Where required residents presenting with behaviour support needs now had plans in place.

Some plans were under review and assessments ongoing. Overall, there was a notable improvement in the management of behaviours that challenge in the centre

and residents behaviour support needs were being supported by an allied professional with expertise and knowledge in the are of positive behaviour support.

As discussed, these plans would contribute to the overall management and mitigation of safeguarding incidents and concerns in the centre.

Regulation 17: Premises

It was noted the provider had addressed the actions from the previous inspection.

However, further improvements were required.

- Flooring in the living room area of one residential house was heavily marked and in some areas there were dents on the floor underneath the couch area.
- While there was noticeable improvement to the storage of administration files in one house, these files were on display in a living room area and impacted on the homely aesthetic of the premises.
- The ceiling in one residential house required repainting of areas where there had been a leak previously.
- There were areas throughout all three residential houses where repainting was required.
- There was a noticeable crack on the wall in the living room area of one house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge had completed a risk assessment for a specific medication that required additional risk control measures.

The risk assessment was found to be comprehensive, up-to-date and provided good information and detailed control measures for staff to follow when administering the medication.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing

reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

However, there were improvements required to the overall infection control measures and standards in the centre and across all residential houses that made up the centre.

- Inspectors observed toothbrushes and nail clippers were stored together in a container in a bathroom.
- A couch in the living room area of one home required replacing as it could not be appropriately cleaned and hygienically maintained in order to manage incidents of incontinence, for example.
- Improvements were required to ensure cleaning schedules incorporated dusting and cleaning of high reach areas, for example, inspectors observed layers of dust on curtain poles and near the top of some kitchen cabinets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The person in charge had addressed an action from the previous inspection in relation to fire evacuation procedures at night time.

A night time evacuation drill had been completed for each residential house that comprised the centre to evaluate if all residents could be effectively evacuated with the least number of staff. It was found that there were suitable arrangements and drill times demonstrated evacuations could occur in a timely way with the night time staffing arrangements in each house.

Fire containment measures were in place in each house visited on the day of inspection. All doors were fire doors fitted with door closers throughout.

Fire servicing checks were up-to-date.

All staff had received refresher training in fire safety.

Each resident had an up-to-date personal evacuation plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a sample of files reviewed residents had received an up-to-date assessment of need. Additional support planning was also in place to guide and support staff in how to implement residents recommended care need supports.

There was evidence of an allied professional framework in the assessment of residents' needs and development of support plans.

Inspector reviewed electronic personal plan files for residents across all three residential houses. Overall, it was noted there had been considerable improvement in residents' personal planning arrangements for this centre.

The person in charge had created an auditing framework to oversee residents' personal planning arrangements to ensure they were up-to-date and reviewed regularly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents with assessed behaviour support needs now had up-to-date behaviour support planning arrangements in place. These plans had been created by allied professionals with knowledge and expertise in the area of positive behaviour support.

Where residents presented with behaviours that challenge, it was noted these were under review and incidents were recorded and reviewed by allied professionals.

Overall, there were a low number of restrictive practices implemented in the centre. Where they were in place, they were to manage personal risks for residents and had been referred to a rights committee as part of the provider's additional oversight and governance arrangements in the centre.

Judgment: Compliant

Regulation 8: Protection

All staff had received refresher training in safeguarding vulnerable persons. Improved implementation of National safeguarding policies and procedures were found on this inspection.

All safeguarding plans had been reviewed. There was evidence of the implementation of safeguarding procedures for arising safeguarding incidents in the centre and the person in charge maintained good monitoring systems for the

oversight of interim safeguarding plans and final plans.

A resident had transitioned from the centre to a more suitable living arrangement which in turn had managed a safeguarding compatibility risk in the centre.

While these improvements had occurred, there remained residual safeguarding risks in the centre that required comprehensive behaviour support assessment, planning and oversight.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 2 OSV-0005850

Inspection ID: MON-0033131

Date of inspection: 12/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1.The provider will ensure that a Six Monthly Provider audit will be carried Registered Provider audit will be carried out to ensure a quality of service provision and compliance with the regulations and standards in DC 2 (31st Dec 2021).</p> <p>2. The PIC and the Programme Manager will review the transport systems made available to the residents for community based activities. This will include organization transport, public transport and staff transport and all transport options will be in line with the residents Assessments of Needs taking into account their autonomy and independence. (31st Jan 2022)</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>There are Social Care Workers in place to enhance governance and management and they will be educated in submitting notifications and will have access to the HIQA portal. (15th November 2021)</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All improvements identified during the inspection will be completed as part of the Home Improvement plan for all of DC 2. (30th April 2022)</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The tooth brushes and nail clippers were removed and placed in individual toilet bags.(12th Oct 2021). A new couch has been requested (31st December 2021) and an updated Cleaning Schedule will be put in place to include high dusting (1st Dec 2021).</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A comprehensive Behavior Support Plan is being completed currently (31st December 2021) The Behavior Specialist is working with the resident involved.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in	Substantially Compliant	Yellow	31/12/2021

	accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2021
Regulation	The person in	Substantially	Yellow	15/12/2021

31(1)(d)	charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Compliant		
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	15/11/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/11/2021