



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kildare Services - DC 10
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	30 September 2021
Centre ID:	OSV-0001462
Fieldwork ID:	MON-0026294

About the designated centre

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

St. John of God Kildare Services - DC 10 is full time seven nights per week, year round residential service based in a large town in Co. Kildare. The designated centre consists of three houses in the community can that accommodate up to 15 adults, both male and female, there are no more than five residents in any one location. The centre supports residents who present with mental health issues and intellectual disability.

Residents in this centre have access through a referral system for the following multi-disciplinary supports; psychology, psychiatry and social work. All other clinical supports are accessed through community based primary care with a referral from the individuals G.P. as the need arises. Staffing levels are based on the needs at each location. Some residents have the support of staff sleeping over; while other residents have the support of staff dropping in to their home to provide specific supports like assistance with cooking/sorting out domestic bills/support with safety checks. There is a social care leader responsible for each location; they work on a roster basis alongside social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 September 2021	09:25hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Thirteen residents were living in this designated centre, and at the time of the inspection, one resident was at home, and the centre had two vacancies. The designated centre consists of three properties; two bungalows located next door to each other and a two-storey building with an adjoining apartment, all in a large town in Co. Kildare. Upon the inspector's arrival to the first house, four residents were leaving for their day service. All residents indicated they were happy with returning to their recently opened day services after being off during the pandemic.

A fifth resident showed the inspector around the house and their apartment and pointed out items of interest to the inspector, including DVDs, ornaments and personalised soft furnishing. The resident told the inspector they were happy they could live as independently as they wanted while also having staff support when they required it. They explained that they liked spending time by themselves in their apartment and spoke about the different television programmes they enjoyed watching.

The other two houses of this centre were then visited by the inspector, which were located right beside each other and a short drive from the first house. These two houses were very similar in their design and layout. In both of these houses, it was seen that some maintenance works were underway. For example, painting had commenced, and new tiles were being laid to improve the living environment for one resident due to their assessed needs. The inspector also saw some residents' bedrooms in these houses and again noted them to be personalised with residents' belongings. Both houses had gardens to the rear and side with potted plants and flowers. A 'bug motel' was installed in the front garden of one of the houses during lockdown that received compliments from the local Tidy Towns committee. The person in charge informed the inspector that, as a result, links were made with the Tidy Towns committee to revamp some other areas in the garden.

The inspector met with one resident who explained that they were happy with their home of 11 years, compared to their previous living environment of a large campus-based setting. The resident told the inspector that they could go on day trips, and they had a choice when they could go out. The inspector also met with two family members who wanted to speak with the inspector to relay their positive experiences of the service, especially over the previous 18 months during the pandemic. The family members were complimentary of the staffing supports and the level of communication when restrictions were in place. In addition, they felt that the staff were inventive during COVID-19 to ensure that their loved one was supported and happy during these restrictions, saying staff were "fantastic".

The inspector observed that there was very warm, engaging interactions between staff and residents and they were observed several times during the inspection laughing and joking with one another. There was an atmosphere of friendliness. It was evident that the staff knew the residents well and supported them to tell the

inspector of their achievements, things they liked to do, and show the inspector activities they have been engaged in. The inspector observed that residents rights were upheld, and the inspector saw staff facilitating a supportive environment that enabled the residents to feel safe and protected. Information was displayed on a kitchen notice board included the complaints policy and how residents could access advocacy services should they need it, information on human rights and the role of HIQA.

In addition to meeting residents, family members, and staff and observing their interactions during this inspection, the inspector also reviewed documentation relating to the centre overall and individual residents. As this inspection was announced in advance, the provider was sent specific questionnaires for residents to complete in advance of this inspection. Such questionnaires covered areas such as food, visitors, rights, activities, care and support, staffing and complaints. Twelve residents completed questionnaires for the inspector to review, most of which had been completed with staff and family support. From reading these, the inspector noted that the questionnaires contained very positive responses in all areas.

Each resident stated in their questionnaires that they were happy and liked living in the centre. Residents included information in the questionnaires relating to home and community-based activities they enjoyed, some of which were pre-COVID-19. They listed activities such as doing gardening, tag rugby, basketball, swimming, going to the cinema, hairdressers and local pubs, taking a train trip and visiting museums. Three residents spoke of the impact that COVID-19 had on their lives and how happier they were now that the restrictions had lifted. Residents said that they were looking forward to attending shows, concerts and games in Croke Park when they restarted.

Residents also described things they would like to change in their questionnaires. For example, three residents said they would like more staff so they could do more activities in the community. Another resident mentioned that the utility room was too small for everyone to use. The inspector learned that the provider had been aware of this limitation and had plans to expand an area of the centre to create an additional drying area. In their questionnaire, one family had written that their loved one had "moved positively in their life" due to the input from staff. Another family said they were very satisfied with the staff's care and support, stating that the staff were "kind and caring".

Other records reviewed included notes of residents' meetings called 'Speak up meetings' that took place in the centre on a monthly basis. Such meetings were facilitated by staff and were used to give residents information on issues such as complaints, safeguarding and advocacy and for residents to talk about topics important to them. Human rights, respect of peers and reopening of day services were recent agenda items viewed by the inspector. These meetings were also used to inform residents of operational procedures in the centre. For example, a fire quiz took place to provide information on the fire measures in the houses.

Towards the end of the inspector's time in these two houses, some residents had returned from day services. Residents helped bring bins back to the houses and

spoke to the inspector. They informed the inspector that due to two staff being on that evening, they were able to go out to a local pub for dinner and watch the football match. Positive comments were expressed by residents about staff members working in their home and how they especially liked when two staff were working. One resident spoke to the inspector about the new developments with the Tidy Towns organisation and that they had volunteered to help on Saturdays in their local area.

From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their homes. Residents were being supported to develop and maintain their independence and be involved in the day-to-day running of the centre. The inspector found that the houses met the assessed needs of the residents living in the centre at the time of inspection. Some premises and fire issues were noted; however, that required attention from the provider, discussed further in the report.

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

Capacity and capability

Overall, the governance and management arrangements had ensured that a safe and good quality service was delivered to residents. The purpose of this announced inspection was to assess the levels of compliance with the regulations since the previous inspection in October 2020 and inform a decision on the renewal of registration. Residents were generally found to be well supported with appropriate staffing levels provided. However, aspects of staffing did require improvement as due to changing needs in the centre the inspector was made aware that at times additional staff support was required.

The management structure clearly identified the lines of authority and accountability, and staff had specific roles and responsibilities. The provider was maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. They were then making the required changes, which were leading to improvements for residents in relation to their care and support and their home. There were systems to review incidents occurring in the centre and share learning following these reviews with the staff team.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. The inspector found that the monitoring systems in the centre ensured that any potential quality or safety

risks were escalated to the appropriate person or department and that these issues were generally responded to and addressed quickly. There had been some delay with regard to responding to a number of premises issues (as discussed later in the report)

Under the regulations the provider must ensure that there are suitable staffing numbers and skill mix in place to support residents. Based on the overall findings of this inspection, the inspector was satisfied that the provider was discharging these requirements, but it was noted through observations made by the inspector and conversations held during the inspection that the continuity of staff did require some improvement. Maintaining continuity of staff is important to ensure familiarity with residents and the operations of the centre. However, the inspector acknowledged that a higher number of relief staff had been used than usual to cover annual leave during the summer. The training needs of staff were regularly monitored and addressed to ensure the delivery of good quality, safe and effective services for the residents. The inspector found that staff had been provided with mandatory training such as fire safety, manual handling and safeguarding.

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

The inspector reviewed the incident log for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. All notifications had been appropriately made within the required time frames as viewed by the inspector.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete renewal application was received from the provider in line with renewal requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time, they had a remit over this designated centre and three other centres. They were supported in their role by a staff team that was

comprised of two social care leaders and social care workers and ensured they had regular contact with all staff members. They were very knowledgeable of the requirements of their role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. In all three houses, staff were observed to be knowledgeable about the resident's needs and interacted in a respectful manner with the residents. On review of the roster, the staffing levels in place were in line with the centres statement of purpose but a review was required a review to ensure that the levels fully met residents' needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 23: Governance and management

Regulatory requirements were being carried out by the provider such as ensuring that the centre was subject to an unannounced visit by a representative of the provider on a six monthly basis. Since the October 2020 inspection, two of these provider unannounced visits had been carried out which were reflected in written reports that included actions plans for responding to issues identified. An annual review of the designated centre had also been carried out for 2020 which is another regulatory requirement. It was noted that this annual review was of a high quality, included resident and family feedback, and it sufficiently addressed if the quality and safety of care and support was in accordance with relevant national standards.

Staff had access to the support of the management team should they have any concerns relating to residents care and support in the centre and members of the management team met with were committed to ensuring a quality and safe service was delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information, and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on the complaints procedure was on display in the designated centre. Residents were supported to raise complaints and records of any complaints made were maintained. Residents appeared familiar with members of management and who to speak with should a concern arise.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure residents were safe and in receipt of a good quality of care and support. Through discussions with residents, staff and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a warm and

caring environment where they were supported to have control over and make choices in relation to their day-to-day lives. In addition, the provider was identifying areas to improve residents' lived experience in the centre. For example, works were underway to improve some areas of the centre as observed by the inspector. However, some improvements were required under the quality and safety regulations, namely fire safety, infection prevention and control measures and premises.

In light of the ongoing COVID-19 pandemic, it was seen that the provider had assessed matters related to this through a risk management process and through assessments related to outbreak preparedness. A specific COVID-19 contingency plan was also in place for the designated centre, which included guidance on how to respond if there were any suspected or confirmed cases of COVID-19. While this plan had not been updated in line with changing guidance at the time of the inspection, the plan was submitted to the inspector after the inspection following a planned COVID-19 management meeting.

The inspector completed a walkabout of all three properties to assess their suitability for the residents living there and their general upkeep. The inspector was informed that different maintenance systems were in place, depending on the tenancy arrangements of each house. One of the houses visited was undergoing maintenance work at the time of the inspection. The inspector viewed a maintenance work request sheet from September 2021 that identified a number of internal and external areas that the provider had approved for completion within two houses. However, the inspector identified a number of issues that required timely attention from the provider that either had not been approved or noted for repair.

Under regulations, residents must have an individual personal plan which should identify residents' health, personal and social needs while also providing guidance on how these needs are to be met. It was seen that the residents of this centre had such plans in place, which were noted to have been informed by comprehensive assessments of needs and were subject to multidisciplinary review. For these residents, the provider was following an approach that focused on ensuring they had good lives with short-term and long-term goals identified for residents focused on supporting residents. Such goals included developing technology skills, planning a visit to Liverpool and safe administration of medicines training. Progress with such goals was reviewed, and the inspector was assured that suitable arrangements were in place to support residents' health and personal and social needs in this centre.

All three houses of this designated centre had fire safety systems, including fire alarms, emergency lighting, and fire extinguishers. The individual fire evacuation needs of residents were considered, for example, a sensory alert, especially for those with a hearing impairment.

To ensure that residents were aware of what to do in the event of a fire, it was seen that fire drills were being carried out regularly with low evacuation time recorded while staff members had been provided with training in fire safety. However, the houses did not have sufficient fire containment measures in all areas, which are important in limiting the spread of fire and smoke while ensuring a protected evacuation route. In addition, the provider was required to review the use of keys

for one emergency exit door and put in place a more effective open and close device to enhance the evacuation procedure from one bedroom.

Regulation 13: General welfare and development

The inspector found that residents were supported to have active personal and social lives in accordance with their interests. Residents were central to decisions about their day-to-day care and long term personal goals, and staff supported residents to engage in activities and hobbies of their interest. For example, residents had been consulted with regarding their wishes to return to recently opened days services and work placements. Residents told the inspector they socialised in their local community, visited family members and friends and had visits to their homes.

Judgment: Compliant

Regulation 17: Premises

There was a homely atmosphere in all three houses, and residents' personal photographs and personal artwork were displayed throughout. The provider had plans to complete numerous maintenance works such as replacing flooring, interior painting, electrical upgrades, and additional storage. However, there were a number of areas in need of maintenance and repair that were outstanding for a long period of time or had not been addressed. Several windows in the designated centre required maintenance. For example, one house's living room windows did not close fully, leaving an inch gap, presenting a security risk and leaving the room feeling cold. Staff and the person in charge had raised this concern since May 2021. However, plans for rectifying the issue had not been formalised by the time of the inspection. A front door in another house was observed to have a gap even when fully closed. One house was in need of painting externally and had been approved since January 2020 but had not been given a date for completion.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE. Residents spoken with demonstrated good knowledge of COVID-19 measures, isolation precautions and the importance of

handwashing. The inspector reviewed the specific COVID-19 contingency plan received after the inspection, and it contained updated information in relation to the use of isolation hubs. However, it required a review to demonstrate what the provider's staffing contingency was for this centre. The person in charge had some arrangements in place in terms of staff, such as consistent relief staff; however, if all the staff team became affected by COVID-19, it was not clear how the centre would be staffed. In addition, some improvements were required in the storage of mops and mop buckets for one location and the removal of mould from one bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed a number of fire doors with 'keep closed' signs on them that did not have self-closers on them and, as a result, remained opened, defeating the fire containment integrity of the doors. The evacuation routes also required review as the inspector noted that one emergency exit door did have an effective open and close device that could be easily accessed in the event of an emergency. Another emergency route leading to an outdoor area was covered in moss creating a falls risk for any residents using this exit.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An established care planning system incorporated an assessment of needs process from which care plans/interventions were developed, reviewed, and evaluated. Residents' personal plans included an assessment of each resident's health, personal and social care needs and overall, arrangements were in place to meet those needs. Staff present in the centre demonstrated a good understanding of residents' needs and were seen to provide support in line with the information contained in residents' personal plans.

Judgment: Compliant

Regulation 6: Health care

From reviewing a sample of residents' health management plans and recent consultations with allied health professionals, it was evident that residents' changing needs were being closely monitored and supported. Further consultations with the

relevant allied health professionals were being arranged promptly. Staff who spoke with the inspector were knowledgeable in relation to residents' healthcare needs which included dementia, epilepsy, kidney disease and eyecare needs. Residents were supported to attend National Screening programmes and yearly Flu vaccinations.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had in place a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review. A function-based assessment was used to identify possible functions of behaviours, and there were clear proactive and reactive strategies to guide staff practice to support the resident appropriately. Part of the plan also included skills teaching as part of the proactive strategies.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner during this inspection while residents' rights were also being assessed with a rights committee in place to review matters which could impact residents. Residents' meetings were taking place regularly where residents were given information and consulted.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John of God Kildare Services - DC 10 OSV-0001462

Inspection ID: MON-0026294

Date of inspection: 30/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Interviews have taken place to fill current vacancies on 3rd & 4th of November. • New staff due to commence on 22nd of November; SCL position. • Additional staffing of .5wte in post since August 2021. • (A)Roster has being reviewed with staff team to ensure staffing levels meet the resident's needs. Completed on the 3rd of November. • (B)Review of needs of all residents and future staffing requirements will be identified and costed for budget 2022 by end 30th November 2021. 	
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"> • (A)Windows at one location fixed on the 4th of November. • (B)Front door at one location reviewed 2nd of November and it was identified that suspected gap is a run off for rain and cover to be installed to conceal gap by 30th November. • (C)Painting internally at 2 locations will be completed by 28th of February 2022. • (D)Moss at fire exit door removed on 1st of October 2021. 	
Regulation 27: Protection against	Substantially Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • (A) Site Specific Covid Emergency plan reviewed on the 9th of November. Contingency arrangements re staffing for Covid outbreak included in plan. • (B) Regional Covid Contingency plan in place and updated on 19th of October 2021. • (C) Bathroom mould on ceiling will be removed by 30th November 2021. • (D) Updated ventilation/fan to be installed by 31st of January 2022. • (E) Mop and buckets will be stored in utility room from 30th of September 2021. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • (A) Identified emergency exit door will have accessible twist lock installed by 30th November 2021. • (B) Identified fire doors will have self-closers fitted by 30th of January 2022. • Identified fire doors without self-closers will remain closed when rooms are occupied as an interim to ensure fire containment. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2021
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	28/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	10/01/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/01/2022