



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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	RehabCare
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	12 October 2021
Centre ID:	OSV-0003399
Fieldwork ID:	MON-0034752

## About the designated centre

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

The designated centre is located in County Meath on the outskirts of a town. It is operated by Rehab Care and provides respite services on a five or six day week basis to children with a disability between the ages of six to 18 years of age. People with autism, intellectual, physical and sensory disabilities are supported in this centre by a team of care workers, team leaders and a person in charge. The centre has capacity to accommodate five children at a time in the house. The centre provides respite care for a maximum of 80 children. The respite service operates 276 nights per year, Tuesday to Sunday. During the summer holidays the service operates a full 24 hours a day. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleep over room and five individual bedrooms. There was a well maintained enclosed garden to the rear of the centre containing suitable play equipment. The activities on site are access to a garden, sensory activities, toy room, computer games, tricycles, swings, sandpit and trampoline. In the community there is access to a playground, GAA facility, running track, play centres, cinema, beach walks, swimming, walks and shops.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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	09:40hrs to 17:40hrs	Florence Farrelly	Lead
Tuesday 12 October 2021	09:40hrs to 17:40hrs	Karena Butler	Support

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Inspectors spoke with the person in charge at the beginning of the inspection, they informed inspectors that respite services had been curtailed during the pandemic restrictions and as a result the service provided was not at full capacity. Reduced capacity in the centre was assessed as necessary for safety reasons to minimise the risk of cross infection. In order to minimise the impact this may have had on families availing of respite, the provider also provided an outreach programme to a number of respite users who were unable to attend the service for a residential stay.

On the day of this inspection three children were due to come into the service, one was due to be admitted after school was finished and the other two were due to come in that evening. The system in place for these three residents was that staff would collect the child from school and that evening other staff members would collect the other children from their home, all these collections were carried out using the centres transport.

Inspectors observed the centre to be child friendly and to have appropriate toys and equipment to meet their specific needs.

The centre had a playroom with child appropriate toys. There was a nicely decorated sensory room with an abundance of sensory, tactile objects and a padded floor. There was a large well maintained back garden with raised flower beds. The garden contained many recreational activities such as a sand table, trampoline, maze walkway, trikes, a go cart, a swing hammock, and a brightly coloured play house that had a slide and swing.

Each resident had their own bedroom and they were individually decorated with child friendly murals. In advance of residents coming to stay staff would personalise bedrooms with pictures of the resident or their families. If siblings attended the respite service at the same time there was an opportunity for them to share a bedroom if they so wished. In each of the rooms there was adequate storage for their clothes and personal belongings and residents were encouraged to bring in favourite personal items with them.

There were three staff on duty in the centre on the day of inspection and they appeared knowledgeable on the residents' preferences and supports required. Inspectors observed staffs interaction with one of the children and found they communicated with and supported the resident in a respectful manner, talking them through a process that they were completing with them. The resident appeared relaxed in staffs company and was observed smiling and laughing when staff interacted with them in a jovial manner.

Inspectors had the opportunity to meet with a parent of one of the residents when they dropped off some personal items in preparation for the respite stay. This parent was very complimentary of the service saying that the staff were very good at communicating with families. They said they would communicate any issues to staff if needed. They said they felt comfortable, safe and secure having their child attending this respite service. The parent was particularly complementary about the flexibility and support the service offered to not just their loved one but to the family as a whole. They stated that if there were any concerns they could discuss them with person in charge or any of the staff team. However, currently they had no concerns and were overall very happy with the service provided.

Overall, from what inspectors observed residents received a good quality of care and support in the centre. However, there were improvements required in relation to the governance and management, written policies and procedures, information to residents, premises, risk management, protection against infection, and fire precautions. These will be discussed further in the report.

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

## Capacity and capability

Overall, inspectors found the centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents. However, as stated previously improvements were required in relation to governance and management, and written policies and procedures which will be discussed in this section. Improvements required with regard to information to residents, premises, risk management, protection against infection, and fire precautions will be discussed in section two of this report.

There was a statement of purpose available that was updated regularly. It contained most of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any missing information in the statement of purpose prior to the end of the inspection and evidence of this was presented to an inspector.

There was a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis within the centre. The person in charge was knowledgeable of the centre, appeared to know the residents well and understood the remit of their role with regard to the regulations. For example, they were aware that they had to notify the Chief Inspector of Social Services of any adverse incidents occurring in the centre, as required by the regulations.

The provider had carried out an annual review of the quality and safety of the centre. There had been a delay in completion of an action that was identified on the annual review as well as the provider's compliance plan from the last Health Information Quality Authority (HIQA) inspection. The provider had yet to review the transition and discharge policy at the time of the annual review. This has since been reviewed in August 2021. While there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the most recent audit had not been on-site or unannounced as prescribed by the regulations. This would have impacted the auditor's ability to review the centre appropriately, and in particular, this could mean that the audits may not pick up on issues or hazards on-site within the centre, as was the case in this centre and will be discussed further in the report. Inspectors note that the practice of off-site audits had been introduced due to visitation and travel restrictions that had previously been in place due to the COVID-19 pandemic. However, at the time the last six-monthly audit was completed these restrictions were not in place.

There were a range of local audits and reviews conducted in areas, such as risk management, medication management, and health and safety. From a sample of audits viewed, necessary corrective actions identified had been addressed by the provider.

While the provider did have all Schedule 5 policies and procedures in place and available at the centre, they had not been reviewed at intervals not exceeding three years as per the regulations.

From a review of the rosters inspectors could see that there was a planned and actual roster in place that was maintained by the person in charge. There were sufficient staff on duty to meet the assessed needs of the residents with additional staffing arranged as required. An inspector reviewed a sample of personnel files and found that they contained the information that is required to be maintained under the regulations.

The person in charge ensured that staff had access to necessary training and development opportunities, and received formal and informal supervision so that they had the required skills to meet the assessed needs of the residents. For example, staff had received training in mandatory areas as well as additional training specific to residents' assessed needs. For example: children first training, fire safety training, medication management, management of actual or potential aggression (MAPA), percutaneous endoscopic gastrostomy (PEG) and, infection prevention and control. At the time of the inspection one staff was due children first training which they have since completed. From a sample of staff supervision records viewed, staff and the person in charge were receiving formal supervision in line with the organisational policy.

From a review of admissions and contract for the provision of services, the person in charge communicated that they meet with the Health Service Executive (HSE) every eight to ten weeks with respect to admissions to the centre. Each resident had a contract of care in place and from a sample reviewed an inspector found them to be detailed. Each were signed by a parent and the person in charge, and reviewed

within the last year.

The provider had suitable arrangements in place for the management of complaints. There was a compliments and complaints policy in place which was reviewed recently. A review of the complaints log showed there were two informal complaints in 2021. Both complaints received were recorded, followed up on, included learning from the complaint, and they were managed as per the policy.

#### Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was experienced and worked on a full-time basis within the centre. The person in charge was knowledgeable of the centre, appeared to know the residents well and understood the remit of their role with regard to the regulations. For example, they were aware that they had to notify the Chief Inspector of Social Services of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of the rosters inspectors could see that there was a planned and actual roster in place that was maintained by the person in charge. There were sufficient staff on duty to meet the assessed needs of the residents with additional staffing arranged as required. An inspector reviewed a sample of personnel files and found that they contained the information that is required to be maintained under the regulations.

Judgment: Compliant



## Regulation 16: Training and staff development

The person in charge ensured that staff had access to necessary training and development opportunities, and received formal and informal supervision so that they had the required skills to meet the assessed needs of the residents.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that there was an appropriate contract of insurance against injury to residents and insurance against other risks in the centre including loss or damage to property.

Judgment: Compliant

## Regulation 23: Governance and management

While there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the most recent audit had not been on-site or unannounced as prescribed by the regulations.

Judgment: Substantially compliant

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

From a review of admissions and contract for the provision of services, the person in charge communicated that they meet with the HSE every eight to ten weeks with respect to admissions to the centre.

Each resident had a contract of care in place and from a sample reviewed an inspector found them to be detailed. Each were signed by a parent and the person in charge, and reviewed within the last year.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available that was updated regularly. It contained most of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any missing information in the statement of purpose prior to the end of the inspection and evidence of this was presented to an inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a compliments and complaints policy in place which was reviewed recently. A review of the complaints log showed there were two informal complaints in 2021. Both complaints received were recorded, followed up on, included learning from the complaint, and they were managed as per the policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

While the provider did have all Schedule 5 policies and procedures in place and available at the centre, they had not been reviewed at intervals not exceeding three years as per the regulations.

Judgment: Not compliant

## Quality and safety

Overall, residents were facilitated to enjoy a good quality respite break in the centre. However, there were some improvements required in relation to information to residents, premises, risk management, protection against infection and fire precautions.

Residents had an annual assessment of need completed and also had their needs assessed prior to attending each respite break. Care plans were completed based on

the assessment of need and they guided staff on how best to support the residents.

There were healthcare plans in place as required to support residents such as asthma management, PEG guidelines, epilepsy care plans, and emergency medication protocols. While residents were supported by their families to attend any healthcare appointments and referrals, the centre has supported residents to attend a general practitioner (G.P) when needed while on a respite break.

An inspector reviewed the arrangement in place to support residents' positive behaviour support needs. For example, residents were being supported to manage their behaviour positively with access to psychologists as needed and there were positive behaviour support plans in place as required. From a sample of positive behaviour support plans viewed they were all reviewed within the last year. The plans guided staff on identification of behaviours, triggers, proactive and reactive strategies, and post incident support.

There were some restrictive practices in place and consent was sought from families. Where restrictive practices were in use, they were assessed as clinically necessary for a resident's safety and wellbeing. For example, some residents require angel clips used on seatbelts to prevent the child opening the seatbelt when in a moving vehicle and bedrails were in place for some residents to prevent them falling out of bed. Restrictive practices were last reviewed in October 2021. There was evidence of trialling less restrictive options for residents.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed. There was a safeguarding policy, a safeguarding statement on display in the centre and a child protection code of conduct in place.

Residents' rights were promoted within the centre such as menu planning and activity choices where residents were offered choices on their respite breaks. There were signs asking you to knock on bedroom doors. There were intimate care plans in place to guide staff as to how best to support residents. Plans included each resident's preferences to their intimate care and how they communicate. There was a rights charter in place in the hall of the centre. There were lots of pictures available to support resident communication to help facilitate them to make choices about their stay.

Each resident had a communication assessment on file and it outlined if they communicated using words, gestures or pictures.

Residents were also supported to partake in leisure and recreational opportunities outside of the centre while on a respite break. These included local parks, forests, petting farms, horse riding, swimming pools and play centres. Bigger days out to places like Dublin Zoo and Tayto Park were also arranged.

While there was a residents' guide prepared and a copy provided to each resident improvements were required as it did not contain all the required information as set

out in the regulations.

Each resident was given a discharge sheet when leaving their respite break indicating how their stay went. An inspector reviewed a transition plan for a resident that had moved out of centre at the start of 2021. The centre supported the resident with the move by the use of social stories and visits to the new centre. The plan was clear and contact was maintained with the family. There was a picture and text based location schedule in place outlining where the resident would be daily in order to prepare them for each day.

From a walkabout of the centre inspectors found it to be spacious and well decorated. However, there were some areas that required attention. For example, there was rust on some radiators and there was cleaning required to some shower doors and grout in bathrooms.

There was a risk management policy and associated procedures in place. There was a risk register in place and all risks identified on the risk register had an individual risk assessment. There were some improvement required in the auditing and risk management systems within the centre to ensure all risks and hazards are identified and managed. There were individual risk assessments in place for each resident in order to support their safety and wellbeing. All vehicles were taxed, insured and had up-to-date national car tests (NCT).

The provider had systems in place for the prevention and management of risks associated with COVID-19. The provider had a COVID-19 contingency plan which had been reviewed recently and there was an identified COVID-19 lead in place. Staff had been provided with training in a number of areas related to infection prevention and control. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards, cloths for cleaning the centre and mops and buckets in order to prevent cross contamination. While the person in charge had implemented an enhanced cleaning schedules there were some gaps in the recording of the documentation, some of which had been picked up on the centre's audits. Inspectors observed slight mould in different locations in the centre.

A review of the fire precaution arrangements for the centre showed that while there were fire safety management systems in place, improvement was required with two fire containment doors in order for them to fully meet compliance requirements. This was required in order to ensure residents would be appropriately protected in the event of a fire in the centre. Fire safety arrangements in the centre included emergency lighting and signage, servicing of fire detection and firefighting equipment and staff were trained in fire safety. The person in charge had arranged for regular fire drills in the centre with a number of scenarios being used. A centre specific video demonstrating a bed evacuation had been recorded in order to support staff on how to evacuate a resident safely should this be required.

An inspector found that there were suitable arrangements in place with regard to the receipt, storage and administration of medicines. These included a procedure for auditing medicines on admissions and prior to discharge, and staff were trained in safe administration of medication.

### Regulation 10: Communication

Each resident had a communication assessment on file and it outlined if they communicated using words, gestures or pictures.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had the opportunity to partake in activities in and out of the centre. For example, local parks, swimming, Tayto Park, the centre's back garden had lots of play activities, there was a play room and sensory room.

Judgment: Compliant

### Regulation 17: Premises

There were some areas that required attention. For example, there was rust on some radiators and there was cleaning required to some shower doors and grout in bathrooms.

Judgment: Substantially compliant

### Regulation 20: Information for residents

Improvements were required to the residents' guide as it did not contain all the required information as set out in the regulations.

Judgment: Substantially compliant

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

Each resident was given a discharge sheet when leaving their respite break indicating how their stay went. An inspector reviewed a transition plan for a resident that had moved out of centre at the start of 2021.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were some improvement required in the auditing and risk management systems within the centre to ensure all risks and hazards are identified and managed. These included two trips hazards identified by an inspector in a bathroom and a resident's bedroom. An inspector also observed a build up of lint in the dryer and there was no schedule in place for the removal of this lint. This has the potential to pose a fire risk hazard.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

There was slight mould around the grout of the shower enclosure in the main bathroom, staff en-suite, around the bottom of the tap and around plug hole in staff en-suite. There were gaps identified in the enhanced cleaning schedule.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvement was required with two fire containment doors in order for them to fully meet compliance requirements as there were gaps between the door and frame exceeding recommended guidelines.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

An inspector found that there were suitable arrangements in place with regard to the receipt, storage and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had an annual assessment of need completed and also had their needs assessed prior to attending each respite break. Care plans were completed based on the assessment of need and they guided staff on how best to support the residents.

Judgment: Compliant

### Regulation 6: Health care

There were healthcare plans in place as required to support residents such as asthma management, PEG guidelines, epilepsy care plans, and emergency medication protocols. While residents are supported by their families to attend any healthcare appointments and referrals, the centre has supported residents to attend a general practitioner (G.P) when needed while on a respite break.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were appropriate arrangements in place to support residents' positive behaviour support needs. For example, residents were being supported to manage their behaviour positively with access to psychologists as needed and there were positive behaviour support plans in place as required. From a sample of positive behaviour support plans viewed they were all reviewed within the last year. The plans guided staff on identification of behaviours, triggers, proactive and reactive strategies, and post incident support.

There were some restrictive practices in place and consent was sought from families. Where restrictive practices were in use, they were assessed as clinically necessary for a resident's safety and wellbeing, and reviewed regularly.

Judgment: Compliant

## Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed. There was a safeguarding policy, a safeguarding statement on display in the centre and a child protection code of conduct in place.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted within the centre such as menu planning and activity choices where residents were offered choices on their respite breaks. There were signs asking you to knock on bedroom doors. There were intimate care plans in place to guide staff as to how best to support residents.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Meadows OSV-0003399

Inspection ID: MON-0034752

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Next 6 monthly review will be unannounced and completed on site subject government COVID19 restrictions. This will be completed by 14/01/2022.</li> </ul>	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> <li>• Several schedule 5 policies have since been reviewed and are available to staff, two remaining policies are currently being reviewed and will be completed by 20/12/2021.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The radiator in the staff bathroom has been painted. The grout and sealing has been cleaned and replaced in some areas with antibacterial alternative. This was complete on 01/11/2021.</li> </ul>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> <li>• The residents guide has been updated in line with regulations and re submitted to HIQA. This was complete on 01/11/2021.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• The trip hazard in en-suite/bedroom will be removed by 26/11/2021.</li> <li>• The cleaning schedule now has lint removal added to it. Completed</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> <p>Tiling in two bathrooms will be replaced with PVC this will ensure there is no build-up of mould or dirt on the grout. This work will be completed by 31/01/2022.</p> <p>The mould in the staff ensuite (shower and sink) has been removed. The cleaning schedule includes this as a priority area to be cleaned.</p> <p>Any gaps in the cleaning schedule will be checked at team leader weekly audit and we have added a weekly walk around to check areas are cleaned to a high standard.</p>	

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"><li>• Remedial works have been completed on the 2 doors identified by the inspector to ensure they are functional as fire doors. All other fire doors were also inspected, additional works required on other doors was identified. This work will be completed by 31/01/2022.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/11/2021
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	01/11/2021
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	01/11/2021

Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	01/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/01/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/11/2021
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	Substantially Compliant	Yellow	31/01/2022

	healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	20/12/2022