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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Cheshire - Leonardsville and Abbey Close
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	17 November 2021
Centre ID:	OSV-0003437
Fieldwork ID:	MON-0027075

About the designated centre

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

St. Patrick's Cheshire - Leonardsville and Abbey Close is located in a market town and consists of three one storey terrace style houses in a community housing estate, a group of eight apartments surrounding a landscaped courtyard and another detached one storey dwelling. The units which make up this centre are all self-contained and each can provide a home for one resident meaning that the maximum capacity of residents living in this designated centre is 12. Each resident has their own bedroom and other facilities throughout the units which make up this centre include living areas, kitchens and bathroom facilities. The designated centre provides full-time residential services for residents of both genders, between the ages of 18 and 65 and those who have physical and sensory disabilities or neurological impairments that require a medium to high level of support. Staff support is provided by nurses, care workers and care support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	09:30hrs to 17:30hrs	Leslie Alcock	Lead
Wednesday 17 November 2021	09:30hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The centre comprised of three bungalow terrace style houses in a community housing estate, a group of eight apartments surrounding a landscaped courtyard and another detached apartment. Each resident had their own self contained apartment which was decorated in line with their specific care needs and personal preferences.

The inspectors spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation and questionnaires. This information was used to gain a sense of what it was like to live in the centre. On arrival, the inspectors were greeted by the person in charge and the assistant manager in the administration building which was on the same site as the apartments. Later, one of the inspectors met one resident who was residing in a bungalow in a community estate a short distance from the apartments and administration building. The resident provided a tour of their apartment to the inspector and was observed to move freely around their home. The resident showed the inspector photos and spoke of their family and how they visit regularly. This was also observed in the resident's communication book and daily record documentation. The resident described the various activities they like to engage in such as, meeting friends and advised that they planned to go shopping in Kildare after the inspector's visit. Staff were observed preparing for same.

One of the inspectors later went to meet four residents who resided in the group of apartments surrounding a landscaped courtyard. One resident chose not to engage with the inspector but allowed the inspector to visit their apartment. The resident was observed being supported by staff to have their lunch. Another resident had just returned from day service and was also having their lunch. This resident advised that staff understand them and they feel comfortable talking to staff. The resident showed the inspector the call bell they would use if they needed support from staff when they are on their own. This resident advised that they are asked by staff what they would like to do and that they enjoy doing table top activities, arts and crafts, going shopping and going to the beach. Another resident was not feeling well and was observed resting in bed watching the television. The inspector admired the residents jewellery collection and the resident explained that they liked their jewellery. The inspector met with a fifth resident when they returned from their educational course in the institute for further education in a nearby town. This resident spoke about the course they were attending and the support the staff

provide to attend the course. The resident also described the care and support they receive from staff in the centre and how they assisted the resident to access other supports when required.

This centre is registered for twelve residents and there are currently six residing there. The inspectors had the opportunity to meet and spend time with five residents on the day of the inspection. Each of their apartments were clean and homely, and personalised to the resident's individual interests and needs. The sixth resident currently residing in the detached apartment was temporarily absent. The inspector observed where this resident lived and also reviewed the other unoccupied apartments in the designated centre. Residents appeared comfortable in their environment and in the company of staff. In general, the inspectors found that the residents were supported by the staff and they were observed to communicate with the residents in an effective and respectful manner.

The residents enjoyed personalised activation schedules. Activities were based on the individual interests of the residents. On the day of the inspection, one resident went shopping, two others attended their day service and educational programme. According to residents' questionnaires that had been completed in advance of the inspection, the residents stated they also enjoyed activities such as; crafts, knitting, colouring, gardening, going to local restaurants, meeting friends, doing word-searches, attending adult literacy classes and going shopping. The inspectors observed respectful, warm and meaningful interactions between staff and the residents. Staff spoken with on the day of inspection spoke of the residents in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life.

For the most part, feedback in the questionnaires which were completed by resident's was very positive in relation to residents' experience of care and support in the centre. For example comments included; ''very happy with staff here'', ''feel staff are kind and encouraging'' and ''happy with staffing support at present''. One questionnaire indicated that they do not like a change to their staffing team even at times if the staff were out sick as it is disruptive to their day. All the questionnaires indicated that when the residents made complaints they were happy with how they were followed up with and subsequently resolved. The resident questionnaires indicated that the residents were happy with the food and mealtime arrangements, stating meal times are planned around the residents day, they have a choice in the food they would like, the staff know the portion size one resident likes and they are ''very happy with times for meal and the food''.

All the residents indicated in their questionnaires that they are happy with the amount of choice and control they have stating ''happy with the amount of choice and control'', ''is aware there is flexibility'' if they want to ''change a decision or choose something else'', ''no changes required at present, very happy'' and another resident said they are happy with the current choice and control in their daily lives. When asked about visitors, the residents indicated that they were happy with the visiting arrangements, stating they like ''having privacy to chat'' with visitors and ''enjoy one to one time'', they are happy visitors can call to their home and there is

no restriction, and they are happy their family have a good rapport with the staff and management team.

In summary, based on what the residents and staff communicated with the inspectors and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas such as; fire safety, governance and management, training, premises and protection against infection.

Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support the residents living in the designated centre. There was a clearly defined management structure, with clear lines of accountability and responsibility. However some issues were identified which required the providers attention in areas such as governance and management, training, fire safety and premises as detailed in other sections of this report.

Residents were supported by a team of social care workers, health care assistance and had access to nursing support when required. There was a staff rota in place that accurately reflected staff on duty. There was a full time person in charge who was responsible for one additional designated centres and divided their time equally. The person in charge was supported by an assistant manager and a coordinator for each of designated centre's locations. The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge.

There was evidence that the service was regularly audited and reviewed. This included six monthly unannounced provider audits. There was evidence that other audits in areas such as, finances, complaints and safeguarding were also taking place regularly. However, while an annual review for the previous year had been completed and included feedback from the residents, it was not specific to this designated centre and therefore required review.

Some issues were identified on the day of the inspection which required review to ensure higher levels of compliance with the regulations in relation to training as detailed in other sections of this report. For instance; in line with the findings of the provider's own audits, a number of staff required updated refresher training and the provider had a put a plan in place to address same by the end of the year.

Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. Nursing care was also available when required. The provider ensured continuity of care through the use of an established staff team and a small number of regular agency staff.

The inspectors spoke with staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care. The staff were seen to interact with the residents in a warm, respectful and dignified manner.

A sample of personnel files were reviewed including a sample of agency staff and they contained all the required documentation as per Schedule 2 of the regulation. While some of the required information was missing for the agency staff, this was immediately followed up and amended by the close of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training and supervision was reviewed as part of this inspection. Supervision records were reviewed and discussions with staff indicated that formal supervision was taking place regularly.

The staff were supported and facilitated to access appropriate training including clinical training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. However, while training was in place, there were a number of staff requiring refresher training in areas such as positive behavioural support, and in a number of the centre specific clinical training programmes. The provider had a plan and scheduled dates in place for all the outstanding training to be completed by the end of the year.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure. There were clear lines of accountability and responsibilities and effective arrangements in place to ensure the safe and quality delivery of care to the residents. The registered provider had appointed a full time, suitably qualified and experienced person in charge. This

individual had responsibility for another designated centre within the service and divided their time equally. The person in charge demonstrated good oversight of the centre and had a regular presence.

The registered provider had arrangements in place to monitor the service provided to residents. The six-monthly unannounced provider visits were occurring in line with the requirements of the regulations. The provider self identified areas in need of improvement and plans were in place to address these. In addition to audits required by the regulations, the provider had carried out regular internal quality assurance audits and analysis in areas such as adverse events, safeguarding, complaints and money management. There was also evidence that the staff team and the management were meeting regularly. The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

While an annual review for the previous year had been completed and included feedback from the residents, it was not specific to this designated centre. The views, feedback and suggestions of the residents and the staffing levels had therefore not been accurately captured and reflected in the review. The review also included information related to aspects of the service that were not part of the designated centre for instance, the number of residents noted in the review, included residents that are not living in a designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose was available for staff and residents in the centre. Some minor amendments were required to ensure the staffing levels and the therapeutic services accurately reflected what the designated centre provided. These amendments were made on the day of the inspection to ensure it contained the information required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the designated centre adverse events register took place. All notifiable incidents were submitted to the office of chief inspector as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. This included a review of personal care plans, risk documentation, fire safety documentation, and protection against infection. The management systems in place, for the most part ensured the service was effectively monitored and provided appropriate care and support to the residents. However, some improvement was required in relation to relation to fire safety, the premises and infection prevention and control measures.

The inspector found that the residents had comprehensive assessments of need in place with clinical care pathways and personal care plans developed in line with these assessments. The registered provider took measures to ensure the residents healthcare needs were met and reviewed regularly with input from health and social care professionals. There were systems in place to asses and mitigate risks. There was a centre risk register in place and individualised risk assessments. 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. There were mechanisms in place to monitor staff and residents for any signs of infection. Personal protective equipment (PPE), including hand sanitizers and appropriate hand washing facilities were available and were observed in use in the centre on the day of the inspection. However, while there was a cleaning schedule in place a number of gaps were found in cleaning schedule that related to the unoccupied apartments.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The resident's had personal emergency evacuation plans in place which guided the staff team in supporting the residents to evacuate. However, effectiveness of a number of containment measures were noted on the day of the inspection and there was no record of a fire drill in one of the resident's apartments in the past 12 months. In addition to this, it was observed that there were no internal fire doors for the bedrooms in a number of apartments and bungalows and some them had no door between the kitchen/living area and the bedroom. This was of concern to the inspectors as there was no means of containing the spread of fire and smoke into a residents bedroom. An assessment report conducted by a fire competent expert in 2014 did not highlight any concerns relating to this arrangement in one of the locations while the assessment report from 2015 for the other location indicated that recommendations related to the doors remained outstanding. While, the provider communicated that they will be commissioning another fire risk assessment by year end, it was noted, there has been updated guidance in relation to fire safety since the commissioning of the original assessment reports which had not been

considered.

Overall, the designated centre was designed and laid out to meet the residents needs. The residents apartments were homely and decorated in line with their preferences and personal interests. However, there were a number of areas that required repair for instance; where fixtures had been moved in the unoccupied apartments.

Regulation 17: Premises

The centre comprised of three bungalow terrace style houses in a community housing estate, a group of eight apartments surrounding a landscaped courtyard and another detached apartment. Each resident had their own self contained apartment which was decorated in line with their specific care needs and personal preferences. The residents' apartments were personalized and homely, and were equipped with the aids and appliances required as per their assessed needs. Each apartment also provided residents with ample storage for their personal items.

The premises was designed and laid out to meet the aims and objectives of the service and the needs of the residents. While for the most part the premises was well maintained and was in a good state or repair, there were a number of minor areas in need of repair in parts of the centre that were currently unoccupied. This included one apartment where the resident was temporarily absent where holes in the walls were observed as a result of residents movements in a wheelchair.

A door in another apartment didn't close properly, two showers required repair and a number of other areas in the unoccupied apartments required minor painting repair where fixtures had been moved. The provider had self identified a number of areas in need of repair and had a plan in place to address same.

Judgment: Substantially compliant

Regulation 20: Information for residents

Resident guides were prepared and available to residents in the designated centre. The resident's guide met all the requirements in the regulations such as a summary of services and facilities provided, the terms and conditions of residency and arrangements for ensuring the resident's involvement in running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure new potential risks were identified and assessed. There was an effective system in place for recording adverse incidents. This system included an in-depth incident analysis that recorded the type of incident, immediate actions taken, if further action was required and whether or not the appropriate authority was informed. The provider and person in charge also conducted regular health and safety audits which included in-depth risk analysis of incidents.

The centre had up to date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. The person in charge ensured sufficient personal protective equipment (PPE) was available at all times and staff had adequate access to hand sanitising gels and appropriate hand washing facilities which were observed in each apartment.

An up to date COVID-19 preparedness and service planning response plan was in place with up to date risk assessments. All staff had also completed the relevant up-to-date training. Regular COVID-19 symptom checks were completed by staff and there was ample signage observed throughout the centre. The provider distributed information to each designated centre and these were called 'National COVID-19 Calls'. These records included updates on COVID-19, the flu vaccine and social supports available for residents.

The inspectors found that the person in charge and the staff team were taking necessary precautions in relation to prevention of legionella which involved regular testing of the water. The centre appeared visibly clean and there was a cleaning schedule in place that included deep cleaning of all aspects of the designated centre. However a number of gaps were found in cleaning schedule that related to the unoccupied apartments.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety measures were noted around the designated centre including fire fighting equipment, emergency lighting and detection systems. Servicing of equipment and the alarm system was taking place as appropriate. There were site specific and personal emergency evacuation plans in place for residents. Staff training was up to date with the exception of one new staff member who had received local in house training while waiting for their scheduled training. Staff spoken with also demonstrated knowledge of what they would do in the event of a fire. Staff were completing regular daily and monthly checks. Fire evacuation drills with residents which were carried out in line with the centre's policy which is four times a year. However, it was noted that a fire drill did not take place in one of the residents apartments in the last 12 months.

While there were fire containment measures in place in this centre, an issue regarding the effectiveness of a number of fire doors was noted on the day of inspection in one apartment. In addition to this, it was observed that there were no internal fire doors for the bedrooms in a number of apartments and bungalows and some them had no door between the kitchen/living area and the bedroom. This was of concern to the inspectors as there was no means of containing the spread of fire and smoke into a residents bedroom. An assessment report from a fire competent expert had been conducted in 2014 to confirm if all statutory requirements in relation to fire safety were in place. This report did not highlight any concerns relating to the doors in the individual apartments in one of the locations. However, upon subsequent review a report completed for the other location in 2015 indicated that recommendations were made relating to the doors and these remained outstanding. While, the provider communicated that they will be commissioning another fire risk assessment by year end, it was noted, there has been updated guidance in relation to fire safety since the commissioning of the original assessment reports which had not been considered.

Judgment: Not compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents healthcare needs were met. Healthcare assessments were in place and reviewed quarterly with appropriate healthcare plans that arose from these assessments in place. There was evidence that residents were facilitated to access medical treatment when required, including national screenings and vaccinations, and a medical appointment log was kept. The Inspectors noted the residents had access to and there was input from health and social care professionals such as occupational therapists, speech and language therapists, physiotherapy and counselling.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. Where there were safeguarding concerns, there was evidence that appropriate safeguarding plans were in place which were monitored, reviewed and dealt with appropriately. Residents had intimate care plans in place which detailed the level of support required. There was an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For instance; the residents were provided with questionnaires to provide feedback on the service and support provided them prior to the inspection and they were also consulted in the annual review. The residents also had access to advocacy services and there was evidence that consent was sought for vaccinations.

The inspectors found that personal care practices respected resident's privacy and dignity. The staff were seen to interact with residents in a respectful and dignified manner. Staff were seen to offer residents the opportunity to exercise choice and control in their daily lives. For instance, this was observed that staff would wait for a response from the residents before entering their apartment and offered the choice to speak with the inspectors.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Patrick's Cheshire - Leonardsville and Abbey Close OSV-0003437

Inspection ID: MON-0027075

Date of inspection: 17/11/2021

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• Positive behavior support training will be completed by 31/12/2021.

• Center specific training (Diabetes, Sepsis, Dementia, Vitals and Asthma) is currently ongoing and all staff will have this completed by 28/2/2022.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The annual review for 2021 will be completed by 31/01/2022 and will be specific to the service provided in the designated services of Leonardsville and Abbey Close.</td></tr>
<tr><td>Regulation 17: Premises</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:
• Repairs to the holes in the wall identified in one apartment have been carried out and</td></tr>
</table>

will be kept under review as this is a recurring problem caused by the person's wheelchair.

• Repairs to doors closing and showers have been addressed and repaired.

• Minor painting repairs have now been carried out in the unoccupied apartment.

• A plan is now in place to freshen up the paint work in all the unoccupied apartments and to out any minor repairs needed. Completion date 28/2/2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• A schedule of regular documented cleaning is now in place for the unoccupied apartments.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire drills for all service users are now up to date including for the one person identified in the report.

• A full review of the designated service and the fire containment measures has been commissioned and a report will be completed by 07/01/2022. When we receive this report and recommendations a plan for carrying out the required works will be put in place as a priority.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2022
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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care	Substantially Compliant	Yellow	31/01/2022

	and support is in accordance with standards.			
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	16/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/12/2021