



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

## Issued by the Chief Inspector

Name of designated centre:	MooreHaven Centre (Tipperary) DAC
Name of provider:	MooreHaven Centre (Tipperary) Designated Activity Company
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	20 September 2022
Centre ID:	OSV-0003723
Fieldwork ID:	MON-0032890

## 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 a large rural town. It provides residential care for adults over the age of 18 years. The centre provides supports to full-time residents both male and female with an intellectual disability and autism. Respite support is afforded to one service user on a regular basis. The centre is comprised of five dwellings in close proximity to local amenities and facilities within the town. The service operates on a 24 hour, seven days a week basis with staff present by day. Four dwellings are used for full time residential care and support. One dwelling was specifically for use as a COVID-19 isolation centre and was not in use at the time of inspection. The isolation unit comprised of a sitting room, a kitchen / dining room, 4 single bedrooms and a bathroom / toilet. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room, a bedroom for staff and a bedroom en-suite. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room and a bedroom. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One of these bedrooms was the staff sleepover room. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen, a bedroom for staff and a bedroom en-suite, 4 bedrooms and a bathroom. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen / dining room and utility room, a bedroom for staff, 5 bedrooms and 3 bathrooms. All dwellings had front and rear gardens. The staff team was supervised by a person in charge and each of the four residential houses had a team leader in place. The staff team supporting residents were social care workers and care assistants.

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

Number of residents on the date of inspection:	19
------------------------------------------------	----

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 (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 20 September 2022	09:00hrs to 18:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre comprises four residential houses and a fifth property identified for use for isolation purposes during the COVID-19 pandemic. The centre is registered for a maximum of 19 individuals having 18 full time residential registered beds and one respite bed used weekly by a single individual. The centre had last been inspected in January 2021 during the COVID-19 pandemic and following infection prevention and control guidance in place at the time only one unit within this centre was visited. At this inspection the inspector was informed that the unit identified for use as an isolation premises had not been used since 2020. The registered provider outlined to the inspector their intention to apply to have it removed as part of the designated centre. As a result the inspector did not visit the isolation premises and visited the other four houses only and met with residents who were present in their homes over the course of the day.

The inspector visited residents' living areas and found that one area presented with conditions that posed a risk to a resident's health and wellbeing as it was found to be unkempt, visibly dirty, with bags of belongings piled high on the floor, used crockery, wet towels and empty drink cartons on the floor or bed. Staff and the person in charge while attempting to respect residents' rights had failed to ensure that residents health and well being was not neglected. In other areas of the centre the inspector observed parts that were also unkempt with wet towels or bathmats placed on surfaces, suitcases, clothing, and empty drinks bottles around the rooms and corners or areas of the rooms not cleaned. The inspector found that the communal areas within the houses were clean and were well decorated. The provider and person in charge had not entered all areas of the premises on a regular basis and had not reviewed audit outcomes to ensure that care and support was actually carried out as described. The inspector discussed these serious concerns with the provider and required the provider to take action regarding these living accommodations.

All residents attend the provider's day services and are busy and active as a result during the day. A number of residents were also going to a Special Olympic club in the evening of the inspection and told the inspector that they really liked this. Some residents shared with the inspector details of specific sports they played and events they had competed in. On the day of inspection residents were supported to attend medical and dental appointments by staff and they were present in their homes at times when they would usually be at their day service. One resident was supported to relax in their room by a staff member who was allocated to them in particular. They had a bedroom on the ground floor and were watching television. They explained to the inspector that they liked to leave their bedroom door open so that they can watch the activity in the house and chat to people as they pass by.

There was evidence of resident's hobbies and interests displayed throughout their homes including knitting, music, jigsaws, art and craft and reading. Two residents in one house liked to collect and each showed the inspector their extensive collections

of figurines, DVDs or electronic items which staff had supported them to display or store in their rooms. Another resident showed the inspector their room and explained that while they would change nothing they did think that the house was small when they were all there together. This was reiterated by another resident in the house who liked their home a lot but when they were all in the living room or kitchen together said it was cramped. One resident was a fan of a specific television personality and had multiple posters of them and other items on display in their room including a tea cosy that had been a gift on their window sill. The resident had chosen a new colour for their room and was waiting for it to be painted.

Overall residents reported that they were happy in their homes but in two of the houses the residents did say there was not a lot of room in communal areas for them all together. The inspector also had the opportunity to meet with the local management team, the provider and the staff team over the course of the day. While the inspector found that the residents were busy and were happy in their homes a number of areas of non compliance with the Regulations were identified that were of concern. These related to infection prevention and control, financial safeguarding, premises and governance and management. These are outlined in detail later in the report.

In the next two sections of the report the specific Regulations viewed by the inspector are outlined and the impact on residents is also highlighted.

## Capacity and capability

While the provider had ensured that clear lines of authority and accountability were in place and that management systems were in place, improvements were required to ensure these proved effective as the inspector found they did not ensure full oversight of the service. There was a new management team in place at both provider level and locally since the previous inspection and the inspector found staff knowledge of who to speak with should they have a concern was good, however, as the findings of the inspection outline the application of managerial oversight needed improvement.

The provider had completed six monthly unannounced visits since the last inspection. An annual review of the previous year had also been completed. A number of regular audits were also carried out and staff and management meetings had been occurring. However, not all areas requiring attention had been identified and this required review. Where actions were identified however, plans for improvement were implemented. Given the serious findings regarding the living conditions in one area in particular, it was of concern to the inspector that this had not been identified as part of health and safety audits or the other audits of care and support that management had completed. In addition to these findings the lack of oversight of residents finances had also not been identified as a concern and this

also required review as outlined further below.

### Regulation 15: Staffing

The registered provider had recently recruited to fill previous vacancies in the staff team and the centre was now fully staffed. The provider was aware that there were changing needs for some residents and had put in place additional support for specific residents at set times. The registered provider had also submitted funding applications to the funder of their service to ensure that when additional staff may be required on a full time basis that they would be in a position to put this in place.

In reviewing staffing arrangements, observation of care practices, reviewing rosters and speaking with management, staff and residents, the inspector found that there was enough staff on duty in the centre for the current assessed needs of residents. Furthermore the consistency of staffing was good with staff familiar with the assessed needs of the residents they supported. Any potential risks that may be associated with low staffing levels had been identified and the provider had control measures in place to mitigate for this.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that the staff team were provided with all mandatory training and had a system in place to ensure that where staff were due refresher training in line with the provider's policies that this was also provided. Staff completed training that was specific to residents assessed needs. Dates staff were due training or refresher training are flagged to the staff member in advance and also to the person in charge who ensures that the staff member has access to an appropriate course.

Organisational policy stated that formal staff supervisions were required every two to three months. The inspector reviewed staff records and found that supervision meetings were taking place as outlined in the provider's policy. The team leaders in each of the four residential units provided supervision to the staff assigned to that house and the person in charge provided supervision to the team leaders and had oversight of all supervisions. They in turn were supervised by a person participating in the management of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had put a management structure in place that outlined lines of authority and accountability and staff who spoke with the inspector were clear on who to speak to should they have a concern or query. There was a full time person in charge in post who was supported by a team leader in each of the four residential houses and was also supported by a person participating in management of the centre.

The provider had completed an annual review and six monthly audits as required by the Regulations and where actions had been identified there was evidence that these had been progressed such as the application for increased staffing resources. However, as stated the premises and infection prevention and control concerns had not been identified and financial safeguarding risks had also not been identified. Centre level audits were being completed on a regular basis but the inspector found that the outcomes of these were not consistently verified by a management presence or review.

While the inspector acknowledged that the changes in local management and changes at provider level were recently established and that initial implementation of new systems had begun, these measures had not led to the required improvements in all areas of care and support. There was a disconnect between management oversight and the delivery of care and support in a number of areas to residents based on the findings of this inspection.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The person in charge was aware of the requirement to report incidents to the chief inspector as per the Regulation. The inspector reviewed the log maintained in the centre of all incidents, accidents and near misses and found that everything that was required to be notified had been. There was a clear system in place for the recording of incidents and for learning from them.

Judgment: Compliant

## Quality and safety



Overall the inspector found that residents were happy and led busy lives in this designated centre however, the inspector also found that a number of substantial improvements were required to ensure that the care and support provided was of a safe and good quality.

The person in charge and the staff team in the centre were trying to ensure that residents were in receipt of a safe service. The inspector noted that the residents they met with, presented as well cared for on the day of inspection. Residents were busy and involved in their homes and in their community. The provider acknowledged that a number of residents' needs were changing and that the attendance at day service full time was under review in consultation with some residents in particular those who were of 'retirement' age.

The inspector found that overall, the four houses that comprised the centre premises presented with a varying need of repair and upkeep with some areas observed to be in better condition than others. The very poor condition of one area of the centre was discussed as a matter of priority with the provider and the local management team on the day. This was flagged as being unacceptable in terms of not only hygiene/cleanliness but in terms of oversight of care and support. Specific assurances were sought and received on the day of inspection regarding this part of the centre. In addition, the inspector found that there were poor infection control practices and financial safeguarding practices in the centre.

## Regulation 17: Premises

This centre comprises four residential houses and one house identified for isolation purposes during the COVID-19 pandemic. The provider indicated on the day of inspection that the house identified for isolation purposes was not in use by the residential service and an application was to be submitted to remove it from the centre. This application was received following the inspection.

Two houses were large bungalows located adjacent to each other and sharing a rear garden which was paved, they were close to the town centre. Two other houses were on the outskirts of the town and were two storey properties in housing estates. In all four of the residential premises the person in charge and staff team had ensured that the residents' personal items were on display and available to them and that the needs of residents in their homes were for the most part considered. The provider had completed painting in some properties and there was evidence of new flooring in areas and changes to furniture and fixtures in some properties. In one home the residents showed the inspector their garden and explained what plants they had planted however, the garden surfaces needed review as they were uneven and broken in areas. In this home residents used laundry facilities located in a garden shed as there was no room for the appliances in the kitchen or utility

room.

Internally the inspector found that improvement was required in a number of areas some of which was identified and scheduled including bathroom refurbishment in one house and painting also scheduled in the same house. There were areas of water damage and wear and tear on floors and wires seen hanging loose from the ceiling in another room after painting which had not been tidied or boxed away. Not all of these had been identified as requiring review. Areas of rust and damage were found in some areas of bathrooms and on radiators and the impact on cleaning will be outlined below under infection prevention and control.

Storage was of particular concern for residents personal belongings. Residents for the most part shared bathroom facilities in all four of the premises and there were no facilities observed for them to hang towels or bathmats for drying with some left wet on beds or placed on radiators. Personal belongings were left stacked on floors or on chairs in bedrooms or in plastic stacking boxes. Items which would be infrequently used such as suitcases were not stored away and left in corners of rooms. While residents did have wardrobes and other storage available it was unclear why there was significant clutter left out other than items residents requested be on display.

Judgment: Not compliant

## Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. Incident reviews were completed regularly and were informing the review and update of the risk register, and the development of risk assessments. There was evidence that some areas had regular reviews of the level of risk such as staffing levels and the provider ensured the risk register was a live active document. While it was apparent that some areas had not been identified by the provider such as financial safeguarding or the infection prevention and control concerns in an area of the centre these are reflected against Regulation 8 and 27. The person in charge and provider gave assurances that the risk assessments would be completed immediately following the inspection.

All residents had individual risks identified that were updated following activities and events and there was evidence of positive risk taking to ensure residents were safe when completing activities they wanted to do. These included taking walks on their own, going to the shops independently or having unsupervised access to their home for short periods of time.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had developed policies and procedures to protect residents from healthcare transmitted disease and there were systems in place for cleaning and monitoring of the environment. These were not found to be effective however. It was apparent on walking through the premises that areas of the residents homes were not being cleaned to the standards set by the provider. As stated earlier in the report these gaps in practice were then not identified as the provider and person in charge were not completing reviews or checks in all areas of the homes. Where cleaning checklists were marked as complete this did not correspond with the reality of the premises whereas when cleaning check lists had gaps in completion this had been identified for follow up. While training had been provided to staff in key areas such as infection prevention and control requirements, the inspector observed staff practices and hygiene records and found that management were failing to ensure that this training was being implemented.

The inspector found in a number of resident bedrooms, areas that were not clean such as between bedside lockers and beds where debris and items were left to build up and gather dust, in corners of rooms items where empty drinks bottles were left and not put into the bin and areas again found covered in debris and dust. Shelves and surfaces in some rooms were not cleaned and were visibly unclean. The inspector observed a shower seat in a shared bathroom that had dirt or mould on the surface and there was mould in the shower tray itself. Another en-suite bathroom had no systems in place for the cleaning of a resident's shower chair and non-slip mats were left on the floors of showers and not lifted to dry or for cleaning.

A number of residents had goldfish in tanks in their rooms and there were no cleaning procedures in place for these or for resident specific appliances. In one house a velux window was surrounded by cobwebs, dead insects and visible dirt and there was no schedule in place for high cleaning. Cleaning of areas such as extractor fans, lamp shades and other high areas were also observed not to be occurring.

While protocols for laundry management were in place there were no alginate bags in the residential houses for staff to use in dealing with soiled linen. An incident in one house while the inspector was present resulted in soiled clothing that should have been placed into an alginate bag instead of which a staff member had to carry this linen to the utility room.

The inspector found that one bedroom in particular was in a very poor condition and was unkempt, visibly dirty, the en-suite had not been cleaned and the room was packed with stacks of filled plastic bags, debris, dirty crockery, waste packaging and items were located on the bed the floor and on every available surface. The person in charge stated they had not been into the room in some time and staff had not ensured that the resident's wellbeing was protected within this environment. The serious findings of concern relating to this area of the premises was discussed immediately with the provider and person in charge and assurances given to the inspector that a clean up would commence. In addition the inspector outlined to the

provider that further inspections would be scheduled to review progress in this area in particular.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had arrangements in place to detect and extinguish fires in the centre. Some improvements were required for the containment of fires. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. The inspector reviewed records of monthly, weekly and daily checks that are completed as outlined in the providers policy. While these are completed as required it was not evident that they had identified all actions that were found as part of the inspection. These included a fire door between a kitchen and hall in one home not closing as it was blocked by the placement of the kitchen table and chairs. The door catching on the furniture had also resulted in damage to the door thus reducing its fire containment integrity. Other fire doors were also not closing as required which were not identified as part of the checks in place. The provider did ensure their maintenance department repaired these doors on the day of inspection.

In some of the houses the exit doors identified for use during a fire were locked with keys and while the person in charge was clear on where the keys were placed at night so staff could find them this was not recorded for staff who would be less familiar with the centre. In addition there was a risk that the keys may not be placed in the same place consistently by staff. Some of these exit doors were also not clearly indicated using the evacuation lighting or signs. In some houses pipe work was observed to run through the ceiling into attic spaces with the holes not potentially stopped to contain fire and this required review.

In the areas of the centre that were found to be very cluttered the inspector was concerned that safe passage for evacuation could not be maintained. The provider acknowledges that in some of the houses the staff had identified this risk and worked hard with residents to maintain an area to walk through.

Where a specialist means of evacuation was identified use of these were found to be integrated into fire drills. The provider and person in charge had ensured that fire drills were being carried out however, the inspector found that there was limited evidence that learning was occurring from the outcomes of these drills. This included residents who waited in their rooms for support for long periods of time, up to eight minutes on one occasion, while staff evacuated others in the house and it was recorded that this resident would self evacuate. In addition a resident was reported as sleeping through a fire drill. While personal evacuation plans for the residents were reviewed it was not evident that they were updated to reflect these findings.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of care plans which were contained in their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence.

Residents were seen to engage in activities and outings as part of their daily lives that had been discussed as part of their personal planning and there was evidence of support in place to help them to achieve their goals

Judgment: Compliant

### Regulation 8: Protection

Residents were for the most part protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisations own policy and national policy. Safeguarding plans were developed and reviewed as required and there were currently no safeguarding concerns reported in the centre.

However, the inspector found that the provider and person in charge did not have systems in place to support residents to safeguard their finances. While there were systems in place to provide oversight of monies held by residents physically in the centre there were no systems in place to ensure that residents savings or monies were safeguarded. The provider and person in charge indicated that some residents managed their own monies and there were no support systems in place to ensure residents were provided with support to oversee balances on statements or to ensure their finances were protected. Where residents were reliant on others managing their money on their behalf. the provider did not have any system in place for the assessment or oversight of these and could not provide assurances that residents' monies were protected. While some residents had financial assessments in place these were not consistently completed.

Judgment: Not compliant

## Regulation 9: Residents' rights

Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the houses. These topics were also regularly discussed at residents' meetings which were held weekly. Other areas regularly discussed at residents' meetings included, menu planning, fire safety, complaints, activities, and health and safety. Residents' annual reviews contained a section on rights and making decisions.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis. However as discussed on inspection the provider while respecting the rights of residents also needed to ensure that their wellbeing and safety was also considered and protected.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for MooreHaven Centre (Tipperary) DAC OSV-0003723

Inspection ID: MON-0032890

Date of inspection: 20/09/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>-The current systems will be strengthened by ensuring that there is managerial oversight through weekly team leader audits of each residential home and monthly residential audits carried out by the PIC. This work to be completed by the 30th November 2022.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>-Garden surfaces will be reviewed in all residential homes by the 31st October 2022.</li> <li>-Any uneven / broken areas will be replaced by 31st January 2023.</li> <li>-All radiators where there is rust will be replaced by 31st January 2023.</li> <li>-All residential homes will be assessed for adequate storage. Storage for residential belongings will be purchased where required by 31st December 2022.</li> <li>-Towel rails will be put into resident's bedrooms, for the hanging of hand towels or / bathmats was completed on the 6th October 2022.</li> <li>-Any loose wiring was boxed in on the 21st September 2022.</li> <li>-Subject to planning, options for creating extra storage on site in the designated centre</li> </ul>	

will be explored. This to be completed by 31st December 2023.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

-Immediate action was taken of one bedroom that was found in very poor condition it has been deep cleaned, hazardous items removed, floor clear from clutter, debris removed, all surface areas free from dust and clutter, this was completed on the 21st September 2022. Following from this all residents bedrooms were deep cleaned, this was completed by the 24th September 2022. The cleaning systems for resident's bedroom have been updated to ensure any specific cleaning schedules of fish tanks, soft ornaments etc is accounted for. Behavior support referrals have been submitted to help support any residents where required with same. Support plans in place for one resident who requires support with maintaining their bedroom.

-The current systems will be strengthened by weekly team leader audits of each residential home and monthly residential audits carried out by the PIC. The current cleaning schedules have been up dated to include specific cleaning duties i.e high areas, bathroom equipment and guidance on each room has also been included into the cleaning schedule This was completed on the 26th September 2022.

-The PIC has reviewed and assessed all bathrooms including bathroom equipment. The replacement of relevant equipment was completed on 24th September 2022.

-Laundry management systems were reviewed and alginate bags are on site in each residential home, for laundering of soiled linen. The cleaning schedules have been updated to reflect this. There is a system in place for the ordering of same to ensure the supply chain is not disrupted. Risk assessments have been updated.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

-Immediate action was taken to ensure compliance under this regulation. The current fire register was updated to ensure any faults are identified immediately and actioned on. Inspection of fire doors will take into account their sealing ability and the doors integrity, this will be carried out by staff daily. The fire register has oversight from the PIC/TL on a

weekly basis. Any clutter was removed to ensure safe passage for evacuation. All fire doors are free from obstruction This was completed on the 23rd September 2022.

-Thumb turn lock installed on all exit doors. Risk assessments have been updated to reflect these changes. All emergency exit doors are clearly identified with emergency signs. All PEEPS have been reviewed and updated where necessary to reflect changes. This was completed on the 10th October 2022.

-The current fire evacuation drills are on the vi-clarity system and includes actions where necessary which will ensure oversight is tracked by the PIC. This system allows the PIC to have an oversight of actions and follow through of actions completed. This was completed on the 1st October 2022.

-External audit of fire doors will be carried out to ensure they are functioning correctly. This will be completed by the 30th December 2022. A further action plan from this audit will follow suit and immediate actions will be rectified. Prior to this external audit any irregularities found in relation to the current fire doors will be actioned immediately. All fire doors are checked daily by the staff & this is monitored weekly by the TL/PIC.

Regulation 8: Protection	Not Compliant
--------------------------	---------------

Outline how you are going to come into compliance with Regulation 8: Protection:

- Moorehaven currently carry out financial audits for residents who require full support with their finances on a quarterly basis by the PIC and annually by the financial controller. Each resident has a financial assessment in place that is reviewed annually or where required.
- In order to meet compliance under this regulation the Moorehaven financial policy will be reviewed and updated to reflect financial oversight of resident's monies. The PIC will meet with all residents to discuss their will and preference in relation to their money management. Referrals will be made to the national advocacy agency where required for residents. The PIC and ISM will meet with families in relation to the change in the financial policy with regards to the service requiring financial oversight of resident's monies. This will be completed by the 31st March 2023.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/01/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	24/09/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	30/11/2022

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	26/09/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/12/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Not Compliant	Orange	01/10/2022

	designated centre and bringing them to safe locations.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/03/2023