Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Delvin Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	02 April 2024
Centre ID:	OSV-0003956
Fieldwork ID:	MON-0034275

About the designated centre

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

The designated centre provides a full time residential service to four adults, with a moderate intellectual disability, autism and behaviours that challenge. The centre comprises a large bungalow on its own grounds on the outskirts of a small town in Westmeath. Each resident has their own bedroom and there are suitable shower rooms, and bathrooms and communal facilities including sitting room, open plan kitchen and dining area. Wheelchair accessible vehicles are available to the designated centre to assist residents attend social activities and day services are provided from within the organisation. The centre is staffed by social care staff at all times when residents are present, with nursing oversight available as this is required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 2 April 2024	09:35hrs to 17:50hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with regulations and standards and to assist with the fitness assessment to renew the centre's registration.

The inspection findings were positive, however, some improvements were required regarding the premises and governance and management arrangements. These areas are discussed further in the next sections of the report.

Overall, on the day of the inspection, the inspector observed that residents living in this designated centre were supported by staff who understood and supported their needs.

The inspector had the opportunity to meet the four residents that lived in the centre. One resident briefly spoke with the inspector and communicated that they liked their home and their room. They had plans to have their room painted in their favourite soccer team's colours. They explained that they felt it was taking a long time to get the painting completed. They then joked with the local manager about this and appeared to enjoy the interaction and were observed laughing. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

One resident was observed to relax listening to music and spent some time in their back garden. They later walked to the nearby village to have tea and lunch. Staff communicated that they appeared to have a nice time while out. Another resident watched some television before going out swimming followed by a pint in the pub with their father. The remaining two residents were working on an allotment for the day. They returned at 5pm and they planned to relax in the centre after working hard that day. One resident said he had enjoyed his time at the allotment.

The inspector observed gentle and friendly interactions between staff members and residents. For example, one staff member was observed to explain to a resident that they would be another couple of minutes before they left for swimming. They asked the resident if that was okay with them. The resident was observed smiling and went to the sitting room to watch some television while they waited. When they went to leave the staff member was observed thanking the resident for their patience and again the resident smiled in response.

The provider had arranged for the majority of staff to have training in human rights. One staff member spoken with said that, the training supported them to realise the importance of a resident's right to refuse and right to choice. They explained that it made them reflect on activities the residents participated in historically and whether they actually enjoyed them or were they just habit. They went on to say that they now don't make assumptions due to a resident being non-verbal and ensure they

support them to make choices. They said that people have to change their mindset to ensure routines are not institutionalised.

The inspector found the house to homely, but there were some areas that required improvement with regard to the painting and cleaning of the house. There were potted flowers in the front garden. There were potted plants and decorate candles in the sitting room and logs displayed in the fireplace. There was sufficient space for residents to have privacy and recreation.

Each resident had their own bedroom and there was adequate storage facilities for their personal belongings. Bedrooms were personally decorated to suit the personal preferences of each resident, for example personal pictures were displayed and one resident had soccer wall stickers decorating their wall.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by two residents' representatives on their behalf. The questionnaires demonstrated that they were happy with the majority of aspects of the care and supports provided in the centre. One family representative stated that the staff were kind, caring and understood their family member. They said that staff looked after their family member so well. The only areas they considered could be better related to being included more in decisions made about the centre and being kept informed. They would also like their family member to go swimming more often.

The provider had also recently sought family views on the service provided to them by way of questionnaires. However, resident views were not sought. For the most part, communication received appeared very positive. For example, a family representative thanked staff for taking such good care of their family member. One parent had brought up a concern they had regarding one aspect of personal care for their family member. The inspector observed evidence that the local manager had dealt with this to the satisfaction of the parent.

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

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in January 2023 where it was observed that some improvements were required to ensure the centre was operating in full compliance with 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 findings of the inspection indicated that the provider, once they had stable management oversight in this centre, had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a statement of purpose in place that was reviewed and updated on an annual basis. In addition, the provider had suitable insurance against risks to residents.

The provider had completed an annual review and unannounced visit to the centre as per the regulations. There were other local audits and reviews conducted in areas, for example health and safety audits. However, the annual review did not include residents views. In addition, actions related to painting that were identified in the last inspection were found to be outstanding. Furthermore, some actions from the last inspection, the provider's own audits and a safeguarding investigation were found to not always be completed in a timely manner.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A review of a sample of three staff files demonstrated there were safe recruitment practices in place. For example, the staff had received Garda vetting.

There were supervision arrangements in place; however, not all staff had received formal supervision by the time of this inspection.

The inspector observed that there were systems in place to monitor staff training and development and the provider had ensured that staff had access to necessary training in order to support the residents. For example, staff had received training in fire safety and manual handling.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were employed

in a full-time capacity and split their time across the three designated centres that they managed. They were supported in their role by a newly employed team leader and a local manager that worked in the centre in order to ensure appropriate oversight.

A staff member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over the previous three months, for example from the 29 March 2024 until the 4 April 2024. They demonstrated that the staffing arrangements in the centre, including staffing levels and skill mix, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the local manager with oversight from the person in charge.

A sample of three staff personnel files were reviewed in the provider's office on a separate day to this inspection. They were observed to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place for staff to have a suite of training in order to safely support the residents. For example, staff had training in feeding, eating and drinking training to support residents with modified diets. Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

The inspector observed a significant improvement in the maintaining of the staff training oversight documents since the last inspection.

Some staff refresher training was due for completion, for example two staff were due hand hygiene training and personal protective equipment training. The inspector was assured that the trained was scheduled and was to take place within the coming weeks after the inspection.

Staff supervision is being actioned under Regulation 23: Governance and

Management.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included, a team leader, a local manager and the person in charge.

The provider had arrangements for unannounced visits and an annual review of the service to be completed. However, residents' views were not sought as part of the annual review as per the regulations. There were other local audits and reviews conducted in areas, for example health and safety, medication and the centre's vehicle.

From a review of the compliance plan from the last inspection and from internal audits and team meetings, the inspector found that there were frequent delays in completion of actions which resulted in them not being completed within time frames given. For example, while risk assessments were at the time of this inspection found to be recently reviewed they had been requiring review for several months. They were discussed at the November 2023 team meeting and were found to be still outstanding at the last team meeting in February 2024 meeting.

There was limited evidence to suggest that there were regular team meetings occurring in 2023. Only one month was provided to the inspector. Two had occurred to date in 2024 since the commencement of the local manager in December 2023. Informal supervision was occurring weekly by the team leader and local manager. However, it was not evident that all staff that worked in the centre received formal supervision in 2023. While some staff members did receive formal supervision it was not at the frequency described as best practice by the provider. The local manager was in the process of arranging supervisions and had completed some staff supervisions by the time of this inspection. While the remainder were scheduled, at the time of this inspection not all staff had received formal supervision.

The provider had submitted a notification of an investigation into allegations of financial misconduct in March 2022. The provider was taking appropriate actions investigating the claims and put some additional safeguarding measures in place.

However, the investigation was still on-going at the time of this inspection. Senior management had verbally confirmed to the inspector at the time of the last inspection that the investigation was due for completion within the weeks following the inspection. Therefore, this investigation was not completed in a timely manner and was not due for completion until the end of June 2024.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1. For example, it informed the reader of the arrangements in place for fire precautions and complaints. Some areas required further clarification, for example with regard to the specific care and support needs. The person in charge completed any revisions required and resubmitted the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There were designated complaints officers nominated and an easy-to-read document on complaints was available in each resident's bedroom. There had been two complaints in the centre within the last year and they had been suitably recorded, investigated and resolved.

The team leader completed a monthly report for the person in charge that included a review of complaints.

Judgment: Compliant

Quality and safety

Overall, the residents were receiving care and support which was in line with their assessed needs. However, as previously stated some improvements were required in relation to the premises.

For the most part, the inspector observed the premises was clean and in a good state of repair and decoration. However, some premises issues were identified, for

example further cleaning was required in both bathrooms and painting was required for some areas. For example, the windowsill in the bathroom.

The provider had ensured that the health needs of the residents were known and appropriate healthcare was provided for them. For example, residents had access to a general practitioner (GP).

The inspector reviewed restrictive practices and there was none in place. Where required, residents had access to a behaviour specialist to support them to manage their behaviour positively.

From a review of the safeguarding arrangements in place, the provider had safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in adult safeguarding.

The centre was being operated in a manner that promoted and respected the rights of residents. For example, through weekly meetings with residents. The inspector observed that residents had documented communication plans in place and pictures were used to support residents to make choices. The person in charge had ensured that residents had access to opportunities for leisure and recreation.

There was a residents' guide that contained the required information as set out in the regulations.

The centre had appropriate risk management procedures in place. For example, there was an organisational risk management policy in place. In addition, the inspector observed that medicines were found to be ordered, received and stored appropriately.

There were suitable fire containment and management measures in place. For example, there were regular fire evacuation drills taking place and each resident had a personal emergency evacuation plan (PEEP) to ensure staff were adequately guided as to what supports a resident may require.

Regulation 10: Communication

The residents that lived in this centre used mainly non-verbal methods of communication. Prior to January 2024 from a review of information and discussions with staff members, communication had not been adequately accommodated within the centre. For example, it was communicated that the pictures used in the centre to promote choice had been limited in the options used**.** Since January 2024 the centre management had demonstrated more of a commitment to promoting communication within the centre.

The inspector observed that the local manager had submitted a training request for all staff in the centre to receive sign language training and was awaiting a date for same. In the meantime the team leader was trained in the use of sign language.

The local manager and team leader had completed a sign language board for the kitchen for the resident to display their favourite signs. Additionally, a collection of the known sign language signs the resident used was completed for them on a large key-ring type loop to further support staff to communicate effectively with them.

The inspector observed, based on a sample of residents' documentation, that there were communication profiles in place for each resident. Some residents had communication dictionaries. Those plans were used to guide staff as to the most effective means of communicating with each resident. They would also help staff understand what a resident may be trying to communicate.

Staff used some pictures to support residents to make informed choices about their day. The inspector saw evidence of different pictures that were recently added to the options available. The local manager communicated to the inspector that there were plans to take more pictures of real life places, activities and food options in order to further promote the residents to make informed choices.

The inspector observed that the residents had access to televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

From observation, documentary evidence and from speaking with three staff members the residents were supported to go on external activities out of their home. Examples of activities the residents participated in were, going to the pub for a drink, going to a local farm to feed animals, swimming, going for walks, going out for coffee and dining out.

Residents were supported to develop goals to work towards. For example, one resident was supported to come up with ideas on how they would like to redecorate their room. They also wanted to attend a theme park.

The local manager communicated that focus for the next few months was to develop short and long term goals that were meaningful for the residents. The local manager had recently put in place key-worker reports to be completed monthly. This was where each resident was assigned a key-worker and they were responsible for completing a review on how the resident was progressing with their goals. The local manager then reviewed those reports for oversight. They were then discussed with the staff at team meetings. The local manager communicated to the inspector that a goal for them as manager in 2024 was to encourage the residents to have more community participation and activity sampling.

In addition, residents were encouraged and facilitated to keep in regular contact with their family through phone calls or visits. For example, one resident visited to

their family home every Saturday.

Judgment: Compliant

Regulation 17: Premises

As stated earlier in the report, the inspector had identified that there were parts of the residents home that required attention.

The provider had identified some areas that required decoration and they were internally reported to the provider's maintenance department in January 2024. They related to some areas requiring repainting. For example, one resident's door paint was peeling and the kitchen windowsill had some small chips in it. Many of these issues were identified at the last inspection of this centre and found not to be completed. At the time of this inspection there were no set dates for completion of the work.

The inspector also observed that some areas required further cleaning as the wet room floor was observed to have debris on it and some stains. From observation of the buckets used for cleaning the centre, one was observed to be dirty and the others were found to have small amounts of debris in them. Some had a small amount of pooled water which could lead to the breeding of bacteria. In addition, some small amounts of mildew was observed in some areas of the grouting and silicone in two bathrooms.

The premises was homely and for the most part found to be clean. The centre had adequate space for the residents to have recreation and space. There was a front and back garden accessible to the residents and there was seating available for use in the garden.

There were examples of the provider taking steps to ensure that the premises met the needs of the residents. In the week prior to this inspection, a toilet was required to be replaced as it was found to be too low for a particular resident and hand rails were required for the wet room. This was following an assessment by an occupational therapist. They were reported to the maintenance department as a matter of priority and were ordered.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. It was available in each resident's bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available. There was a risk register in place and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices. For example, it was recommended that one resident wore a specific aid while showering in order to minimise the chances of them falling in the shower. It was confirmed by the local manager that this control measure was in use.

The inspector observed that the centre's vehicle was taxed, insured and was due for a national car test (NCT) in the second half of this year.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

There was evidence of regular fire evacuation drills taking place which included scenarios used. For example, they had demonstrated that residents could be evacuated from different parts of their home. Each resident had an up-to-date PEEP in place.

The inspector observed that one fire containment door did not close fully by itself. The provider arranged for it to be fixed on the day of the inspection and evidence shown to the inspector.

In addition, two emergency exits did not have external emergency lighting in place. External lighting would help guide residents and staff to the assembly point in the event of an evacuation during hours of darkness. The provider's competent fire person gave written assurances on the day of the inspection that emergency lighting would be installed externally at the two exits by the 30 April 2024.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored. The inspector observed, from a review of one resident's documentation, that medicines deemed no longer required were safely returned to the pharmacy and signed as received by the pharmacy. From a sample of two residents' medicines prescriptions and recording sheets, any medicines administered to residents were prescribed to them and appropriately recorded. There were regular medication audits being completed in order to provide appropriate oversight over medication management.

In addition, an assessment of capacity was completed with the residents in relation to self-administration of medication.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified, for example residents had 'my health check' assessments completed. Healthcare plans outlined supports provided to residents to experience the best possible health, for example an eating, drinking and swallowing plan. From a sample of two residents files, they were facilitated to attend appointments with health and social care professionals as required, for example a chiropodist and a general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was promoting a restraint free environment and there were no restrictive practices in place.

Where residents presented with behaviour that may challenge, the provider had arrangements in place to ensure those residents were supported. For example, there were proactive and reactive strategies in place as required. The inspector saw evidence that a behaviour therapist was arranged to complete a training day at the end of April 2024 for the staff team as to how best to support one resident.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, there was a safeguarding policy reviewed June 2023 and staff were trained in adult safeguarding. One staff spoken with was clear on what to do in the event of a concern.

From a sample of two residents' finance documentation, the inspector observed that staff members were completing daily financial balance checks of each resident's money. In addition, the local manager was completing monthly finance audits.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to exercise choice and control across a range of daily activities. For example, there were weekly residents' meetings taking place to support the residents to make choices and keep them informed. Different topics were observed to be discussed, for example menu and activity planning, infection prevention and control (IPC), safety, and maintenance.

From speaking with the local manager, team leader and a staff member they all communicated that the residents were now being offered more choice in their daily lives. The local manager communicated that promoting choice was a priority for 2024. They wanted to ensure that staff were supporting residents to make informed choices. One method by which the local manager was trying to do this was, by increasing the picture options available within the house to support residents to communicate their choices. As previous discussed, another was the local manager had requested to have all staff trained in how to communicate and understand sign language.

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
Capacity and capability	
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 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delvin Centre 2 OSV-0003956

Inspection ID: MON-0034275

Date of inspection: 02/04/2024

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: A questionnaire will be issued to all residents. Key workers or family representatives will support residents with this. The local manager has a schedule of audit completions to work through the remainder of 2024. This will be reviewed with the PPIM and signed off when completed. The Local manager will review all risk assessments on a six-monthly basis or as required. There is a monthly meeting schedule in place. Staff supervision and support schedule in place for 2024 to be facilitated by the local manager. The Provider continues to engage with external investigator to continue the investigation for completion date of end of July 2024.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is a schedule of works in place for the designated centre which includes painting of all internal walls and the complete fit out of the main bathroom / shower room. New flooring to be installed as part of the bathroom refurbishment project. Installation of new tiles is also part of this project to resolve the issue of mildew. Tiles in the other bathroom will be regrouted. A directive by the Person in Charge has been issued to the designated centre regarding the proper storage of and cleaning of buckets.	

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	05/07/2024
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	31/07/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	28/06/2024

	for consultation with residents and their representatives.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	28/06/2024