



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

Issued by the Chief Inspector

Name of designated centre:	Ralahine Apartments
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0005232
Fieldwork ID:	MON-0037465

About the designated centre

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

This centre is located in a town in Co. Clare and provides a residential service for a maximum of three residents who are all over the age of 18 years. The centre is comprised of three separate ground floor apartments in an apartment complex. Each resident has their own apartment shared with the staff member supporting them by day and by night. Each apartment provides the resident with their own bedroom, some en-suite facilities, a main bathroom, and a combined kitchen and living area. There is a compact garden area to the rear of each apartment. The model of care is social and a staffing presence is maintained in each apartment at all times. The night time staffing arrangement is a staff member on sleepover duty in each apartment. Management and oversight of the centre is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 11 October 2022	09:30hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to follow-up on the findings of the last HIQA (Health Information and Quality Authority) inspection of this centre undertaken in March 2022. The findings of that and previous inspections of this centre were not satisfactory. On this occasion, the inspector found evidence of significant improvement. The governance structure had stabilised and systems for maintaining oversight of the service had been implemented and, were effectively and consistently used. This ensured and assured the appropriateness, quality and safety of the support provided to residents.

This inspection was unannounced and on arrival at the centre the inspector was advised that some refurbishment work was underway on two apartments. This meant that two residents would be absent from their apartment for much of the day. The person in charge offered to defer these works but the inspector was satisfied that both the inspection and the works could proceed. A workspace was made available to the inspector in another adjacent location and the inspector could and did spend time in all three apartments and met with two residents and their supporting staff.

All of the apartments presented well, they were homely and welcoming but visibly clean and tidy. The provider had relocated the main staff office to another apartment to better suit the wishes of a resident. A clear system of record keeping had been implemented by the person in charge. The records in place provided a clear pathway for the inspector to inform and validate these inspection findings. Additional emergency lighting had been installed and a footpath to aid wheelchair evacuation was nearing completion. There was much improved oversight of the fire safety arrangements in the centre.

There was improved clarity on the controls in place to reduce the risk of inadvertently introducing infection to the centre, for detecting possible signs of infection and, plans for responding to any outbreak of infection. A good review of how an outbreak of infection had occurred and, how the spread of infection was controlled had been completed by the person in charge. However, some minor improvements were still needed. For example, the damaged kitchen cupboard doors had yet to be replaced.

One resident is very familiar with the inspector from the previous inspections of this centre and chatted easily with the inspector. The resident looked very well and was quite relaxed in their apartment and with the staff on duty. There was discussion of home and family, important themes in the resident's life. The resident was hoping to make contact with a sibling that day to wish them a happy birthday. The resident told the inspector how, with support from staff they were working on the creation of a quiz book. The resident hoped that once complete it might be possible to have the book published. The general conversation prompted the resident to recall a trip they had made many years ago to the Holy Land where they had swam in the Dead Sea.

Staff present said that this was something the resident had not previously discussed. A weekly swimming session was however part of the resident's personal plan.

Throughout the day from records seen and in discussion with the person in charge the inspector saw that supporting all three residents to have regular and meaningful engagement with family, peers and their local community was an important part of the personal plan. For example, narrative notes created by the staff members demonstrated how residents met with their peers living locally for walks, coffees or to partake in activities. Family members were invited to reviews of the personal plan including multi-disciplinary reviews. Family members were also invited to provide formal feedback to inform the provider's annual review of the service. Two completed questionnaires were returned and both provided positive feedback on the service.

The inspector saw that residents had also been supported to provide feedback. Two residents provided feedback while one resident had declined. One resident had completed their own questionnaire and reported how much they loved having their own apartment, how they felt safe and named staff members that they would speak to if they did not.

The inspector met with the second resident when they returned to their apartment in the late afternoon. Verbal communication is not the resident's primary means of communication. However, with support from staff the resident communicated how much they were looking forward to celebrating Halloween and attending an upcoming family event. The resident was eagerly packing a bag in anticipation of a visit to home later that evening. In the apartment the inspector saw evidence of communication strategies outlined in the personal plan such as the visual daily schedule.

The inspector found much improved systems of risk management. The person in charge described how these were used to monitor the safety of the service but also to support residents to safely enjoy some independence in their daily lives. For example, one resident walked independently to the nearby home of a family member. The resident engaged with reasonable controls such as phoning staff to confirm their safe arrival. There were further simple but important examples of how the person-centred ethos of the service had developed and established itself. For example, staff had provided a resident with a hard copy of their personal plan and other records that gave them a sense of ownership over their support and their home. The staff team had recently agreed to alter the sleepover start and finish time so as to better meet the night-time routine of a resident.

In summary, the inspector found a service that was effectively and consistently managed and overseen. Stability, consistency and effective management had benefited the residents who were the focus of the service and, the staff team who had clarity of guidance, good access to and support from the person in charge. A high level of compliance with the regulations was found with some assurance needed on staffing and, in protection against infection.

The next two sections of this report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre, how these arrangements had improved and, ensured and assured the quality and safety of the service being delivered.

Capacity and capability

These inspection findings provided solid evidence of improved and effective management and oversight.

The day-to-day management and oversight of the service was delegated to the person in charge supported by a social care worker. The person in charge had used the findings from the last HIQA inspection and, the extensive internal February 2022 quality improvement plan, as a basis for informing and achieving the improvement that was needed in this centre. The provider had completed a further internal in-depth review of the service in May 2022. A comprehensive quality improvement plan issued again but the reviewer was satisfied that significant progress in improving the service had and was being made. These HIQA inspection findings confirmed that this progress and improvement had continued.

The person in charge showed the inspector how the quality improvement plan was a live document that was updated to track the progress and completion of actions. The measures put in place were effective in bringing about the improvement that was needed. For example, systems for the identification, control and review of risks were much improved and good consistent oversight was maintained of resident wellbeing and quality of life.

The person in charge spoke of the active presence they maintained in the centre for a period of time each day. This facilitated supervision and access to residents and the staff team. The person in charge spoke of the good, collaborative and supportive working relationship they had with the social care worker and the staff team. The person in charge described the support they received from the wider management team and quality and safety personnel to bring about the improvement that was necessary in this centre.

The inspector reviewed the minutes of meetings convened with the staff team. There was good attendance at these meetings, the meetings were regular as they were held to discuss resident, apartment and centre specific matters. For example, changes to residents' personal plans or to facilitate discussion with the MDT. Staff were consulted with and asked for their views. Their knowledge of residents and their personal plans was evident from these records.

The person in charge confirmed that until very recently staffing levels and arrangements had stabilised, were sufficient to the number and needs of the residents and, supported consistency of support. The provider continued to monitor the appropriateness' of the sleepover arrangement in one of the three apartments. Staff had recently agreed to adjust this shift in the hope that it would better meet

the residents sleeping pattern. However, a very recent deficit had arisen in the availability of relief staff which meant that it was challenging to respond to any unplanned absences. The person in charge had covered one unplanned absence the day before this inspection. Action was needed to ensure that this was addressed in a timely manner by the provider.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role of person in charge. It was evident from these inspection findings that the person in charge was actively and consistently engaged in the management of the centre. The person in charge with support from the provider had implemented systems that ensured the quality and safety of the service was consistently and effectively monitored. The person in charge escalated any concerns arising to their line manager. For example, the gap that had recently arisen in the availability of relief staff. The person in charge had solid knowledge of each resident and their plans of support and care.

Judgment: Compliant

Regulation 15: Staffing

The staff rota indicated a core group of regular staff provided residents with the consistency that they needed. Staffing arrangements such as the challenges of staff working across different services had been addressed. However, a recent deficit in the availability of relief staff had arisen. This posed challenges to responding to any unplanned staff absences. Given previous failings in the service this had the potential to compromise the consistency of management now in place and, the improvement made in this service if not responded to in a timely manner by the provider.

The person in charge assured the inspector that additional staffing resources were available each week to support a specific activity for one resident. The daily notes confirmed that the activity did take place. However, these hours and the staff member on duty at these times were not included on the staff rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge and the social care worker shared the responsibility for

completing formal staff supervisions. The inspector reviewed the records maintained of the training completed by staff. These records indicated that training such as in safeguarding, manual handling, responding to behaviour that challenged and, infection prevention and control was all completed. Refresher training in medicines management and in fire safety was due and planned.

Judgment: Compliant

Regulation 21: Records

Systems for the creation, maintenance, safe-keeping and availability of records were much improved. All records requested by the inspector were available, were well-maintained and provided a clear pathway for the inspector to inform and validate these inspection findings. For example, there were records of the ongoing medical care provided to each resident, of the use of any restrictive practice and, of the food choices provided each day to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of much improved and effective governance and oversight. The person in charge maintained an active presence in the centre, had implemented and used processes such as risk assessments, the review of accidents and incidents, regular staff meetings, regular consultation with residents and families to monitor the appropriateness, quality and safety of the service. Data that was collected by the provider for example from internal reviews was effectively used to bring about the improvement needed in this service. While the most recent internal quality improvement plan was still active, these positive HIQA inspection findings evidenced good and meaningful progression of that plan.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the designated centre there were arrangements in place that ensured HIQA was notified of certain events such as the use of any restrictive practice and any outbreak of infection.

Judgment: Compliant

Quality and safety

The improved management and oversight of this service ensured and assured the quality and safety of the service provided to residents. The oversight of the service was responsive to the different needs, wishes and abilities of each resident.

The personal plan reviewed by the inspector was based on the resident's assessed needs. The effectiveness of the plan was kept under review by the person in charge in consultation with the staff team and the multi-disciplinary team (MDT). Staff meaningfully used monitoring records such as for monitoring daily fluid and dietary intake and, nightly sleep patterns.

The personal plan included the plan for meeting any assessed healthcare needs and when any concerns arose for resident wellbeing, for example from the use of these monitoring records, staff sought medical or nursing advice. There was evidence that different services worked well together in relation to any proposed changes such as a change to the medicines prescribed.

The personal plan also included where appropriate a positive behavior support plan. The person in charge confirmed that the review of one such plan was still outstanding, the review however was scheduled and imminent. In the interim, the inspector saw that input had been provided by psychology and the plan, interventions that had worked and not worked had been discussed and agreed with the staff team. Practical changes made such as the relocation of the staff office, allowing the resident access to a specific suite of records and, supporting the resident to have some independence and control had all helped to reduce the incidence of behaviour.

Overall, there was a reported and recorded decrease in behaviours that challenged and, good systems had been implemented for monitoring incidents that did occur. The inspector saw that incidents were reviewed individually by the person in charge and timely feedback was provided to the staff team. Incidents were then reviewed quarterly in consultation with the regional manager. There was a clear link between incidents, the use of as needed medicines and, the review of risk assessments. This provided assurance for example, that the as needed medicine was administered in line with the administration protocol. The person in charge had sought nursing advice and was currently monitoring the effectiveness of this medicine. This monitoring was a further example of the meaningful and consistent oversight that was now in place in this service.

In addition, an informed review had taken place of an outbreak of infection that had occurred in the centre in July 2022. There was reasonable certainty as to the source of the accidental transmission and, reasonable confidence that while transmission had occurred, it was limited by the controls implemented. These controls included

no crossover of staff or residents between the apartments. The person in charge described how the staff team had worked to ensure the outbreak plan could be implemented and the resident had the support that they needed. While the practice described and observed was much improved there was some scope for further improvement. For example, the replacement of some equipment.

There was improved oversight of the centre's fire safety arrangements including the arrangements for evacuating each resident.

Regulation 10: Communication

The personal plan included an assessment of and details of any specific communication supports needed. For example, the use of visuals and visual schedules, personal tablets, the internet and, communication applications. The plan also however detailed for staff the nuances in the use of these supports. For example, the importance of allowing one resident to manage the visual schedule themselves as this was their preference.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in their apartments and to visit home and family. There were no restrictions on visits unless the visit was deemed to pose a risk to others, for example during an outbreak of infection. When this was necessary arrangements were put in place to ensure there was contact between family, the resident and staff. There were reasonable controls in place such as ascertaining wellbeing to ensure that visitors did not accidentally introduce infection to the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The daily routines and the support and care provided were individualised to the assessed needs and wishes of the residents. Improved risk management processes and, good access to and input from the MDT, ensured the evidence base of the support provided. Each resident had access to an individualised programme of meaningful activities and engagement that reflected their interests and abilities. For example, one resident enjoyed the experience of work two days each week. A resident attended the local leisure centre and enjoyed activities such as bowling,

watching sports and, exercise dance classes with peers. The person in charge described how staff continuously explored new options with residents some of which worked but at times did not. For example, one resident loved to use their personal tablet but had disliked a formal computer class they had participated in. Residents had good regular access to family, home and other peers living locally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the weekly grocery shopping, to choose their meals and, to participate in the preparation of their meals. Staff sought to support residents to make good healthy lifestyle choices. Nutrition plans were informed as appropriate following input from speech and language therapy and the dietitian. Staff maintained a record of the meals and snacks provided each day. One such record seen indicated a good variety of nutritious and appealing meals was provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The processes in place for assessing, managing and reviewing risks demonstrated how they ensured and assured the safety of the service provided to each resident. There was a good link between the assessed needs and routines of the residents, the review of any accidents and incidents that occurred and, the review of controls post these incidents. These reviews included for example, seeking further input from the MDT such as from physiotherapy and psychiatry and reviewing plans of support including any prescribed medicines. The frequency of review was linked to the level of assessed risk that presented so as to provide assurance on the controls in place and, the possible need for additional controls. For example, the risk assessment for the disturbance of sleepover staff was monitored monthly by the person in charge and, the rota was very recently amended. The approach to managing risk was individualised to the needs of each resident and sought to ensure that residents had independence and a good quality of life while still protected from harm and injury.

Judgment: Compliant

Regulation 27: Protection against infection

Practice was much improved and generally supported by resident and centre specific protocols and plans. There were plans for responding to symptoms that may be indicative of COVID-19 and, plans for responding to an actual outbreak of infection. The monitoring of infection prevention and control practice was included in the centres quality assurance systems. For example, the person in charge completed regular unannounced spot-checks and generally found good practice. However, while the general infection and prevention and control guidance in place was current, the COVID-19 specific guidance was not. The underside of one shower-chair was rusted. There was an open-topped soft fabric receptacle that contained possible used items such as gloves in one bathroom. The final finish on some kitchen doors was not intact and would not support effective cleaning. Cleaning equipment was in line with the colour coded cleaning guidance and was stored in line with local policy. However, two apartments shared the one storage facility and this should be reviewed if possible to further reduce the risk of contamination and cross-infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that additional emergency lighting had been installed and a footpath to better support evacuation for a more dependent resident was nearing completion. Documentary evidence was in place that fire safety measures such as the fire detection and alarm system, emergency lighting and fire-fighting equipment was tested and serviced at the required intervals. Systems for overseeing the fire evacuation procedures had been implemented. Staff and resident participation in simulated drills, the scheduling of the drills and, the time taken to evacuate each resident from their apartment was monitored. All three residents co-operated with the evacuation procedure and each resident had a PEEP (Personal Emergency Evacuation Plan). The PEEP detailed any assistance that might be required, for example, the possible need for wheelchair evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan based on an assessment of their needs, wishes and preferences. The personal plan included the plan for supporting residents to achieve their personal goals and objectives and, staff maintained records of the progression of these goals. Residents had access to either a soft or hard copy of their plan and, residents and their representative's had input into the plan and reviews of the plan. Regular and consistent oversight was maintained of the effectiveness of the personal plan and the plan was amended to reflect any

changes.

Judgment: Compliant

Regulation 6: Health care

The assessment of needs and the personal plan included the plans for supporting residents to enjoy good health. Records such as the daily notes completed by staff and the team meetings reflected good oversight of each residents wellbeing and, responsive action was taken when staff had concerns. There was evidence that staff sought advice and care as needed from for example, the GP and the wider MDT. Staff supported residents to access hospital based appointments as needed. Residents had the right to refuse an intervention. For example, having a blood sample taken. There was a plan in process to address this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improved systems were in place for monitoring incidents of behaviour that challenged, their possible cause and, how they were responded to. Regular timely discussions between the person in charge, the staff team and members of the MDT ensured staff were supported and equipped to respond to behaviour that challenged. Staff had also completed training in de-escalation and intervention techniques. Staff were asked what strategies worked and did not work and the positive behaviour support plan was amended as appropriate. Supporting residents to have a safe and reasonable level of independence and choice had alleviated the cause of some behaviours. Overall, there was a marked decrease in the level of reported and recorded incidents and, improved monitoring of record-keeping ensured these records were accurate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place that supported safeguarding. For example, all staff had completed safeguarding training. Residents presented as relaxed in their apartments and with the staff on duty. One resident had explicitly stated in feedback they had provided that they felt safe in the centre and would tell staff if they were not. The person in charge was present in the centre each day and actively monitored the

support and care provided. Regular staff meetings were held and staff actively contributed to these meetings; staff contributions were person centred. There was ongoing engagement and consultation with residents' representatives. There were no active safeguarding plans. The personal plan included the plan for the provision of dignified and respectful personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Based on what the inspector read, discussed and observed the centre was managed in a way that respected the individuality of each resident. For example, consultation, negotiation and risk assessment ensured a resident had reasonable independence and choice in their daily routine but also accepted support from staff so as to enhance and develop their own skills. Where residents had higher needs interventions were in place that respected the residents right to have choice and control while ensuring they were safe and safeguarded. For example, where an assessment of financial capacity had concluded there was an absence of understanding, staff ensured the resident always had with them a purse with a small amount of money in it. Residents were spoken with and their agreement was sought about planned changes. For example, the proposed relocation of the staff office from one apartment to another was discussed and agreed with both residents. Residents had access to their personal plan and they and-or their representatives had input into the support and care that was provided.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ralahine Apartments OSV-0005232

Inspection ID: MON-0037465

Date of inspection: 11/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment process for relief staff has commenced.</p> <p>Staff rota will be updated to identify dates, times and names of all staff on duty at all times.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Shower chair will be replaced.</p> <p>PIC will consult with Banner Housing to assess the remedial work required and ensure Kitchen units have been completed for the remaining apartment.</p> <p>PIC will review and monitor ongoing IPC compliance with regular spot checks and IPC audits as per IPC procedure. Pedal bins now replacing soft fabric receptacle.</p> <p>PIC will ensure all Covid specific guidance is current.</p> <p>Storage facility will be put in place in one apartment to enable separate storage to further reduce the risk of contamination and cross infection.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/01/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	28/02/2023

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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