



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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Avenue
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0001526
Fieldwork ID:	MON-0033602

About the designated centre

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

The designated centre provides 24 hour residential care to five adults with acquired brain injuries. Residents are gradually supported by the (neuro-rehabilitation) team to regain skills, adapt to the environment and learn new ways to cope with day to day life. The centre is comprised of a large semi-detached house and adjoining self-contained apartment in a South County Dublin suburban area. In the main house there is an entrance hallway with a stairwell to the first floor and a main bathroom. Also found on the ground floor are a large sitting and living room, a spacious dining room with kitchen, and an exit to a decked area in a spacious rear garden. This area also houses an external laundry room. The first floor of the building contains four resident bedrooms (all with en suite facilities) and two staff sleep over and office spaces (both with en suite facilities). On the ground floor, adjacent to the main building, is a separate apartment which contains a bedroom, bathroom, modest sized kitchen area, and a living room. The person in charge works part-time at this centre and is supported in their role by a full-time team leader, and by a staff team of rehabilitative assistants. The whole time equivalent of rehabilitative assistants is 7.0, and of the team leader and person in charge is 1.5. A service transport vehicle is provided to assist residents attend social activities and to facilitate develop networks with the wider community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Wednesday 21 September 2022	10:25hrs to 17:35hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all five residents who lived in the designated centre, and three staff along with the person in charge. The inspector had the opportunity to speak with residents throughout the day about the designated centre, their lives and interests.

Residents told the inspector that it was a very nice place to live, that staff were helpful and helped them to be as independent as possible. Residents spent time in external day services, if they wished to and some enjoyed this and spoke of activities that they liked to do while there, such as cooking and learning kitchen skills. Residents were encouraged to use community transport and amenities, for example, some residents cycled to nearby community facilities, or took public transport. Residents used facilities and amenities in their local community, such as local shops, gyms and supermarkets.

During the inspection it was seen that residents were relaxed and comfortable in their home, had adequate communal and private space and had a respectful relationship with the staff supporting them. While at home, residents had choice and control over their daily plan. Some residents liked to spend time in the garden, maintaining the plants and grounds. Residents had opportunities to be alone, spending time in their bedroom or to spend time together in the communal areas of the house, if they wished.

Residents told the inspector that they liked living together, and that they all got on well with each other. Residents planned out set times for each person to use the kitchen to cook if they wished, and sometimes watched a movie or event on television together.

There was always staff available in the designated centre, with three staff working during the day of inspection, two of whom would work a sleep over shift during the night-time.

Residents were supported to keep healthy and manage their own health promotion. Residents had their own General Practitioner (GP) and access to primary care services and external health personnel through referral. Residents were supported to attend appointments and seek medical input for health concerns or needs. During the inspection public health team members visited the centre to support with health care, as per residents' personal plans. Residents had been supported to have screenings and tests for different emerging health care needs or risks through their GP and primary care team. There was a selection of fresh fruit available in the designated centre and information on healthy eating.

Residents had a written contract on the terms and conditions of their stay. There was clear admissions and discharge criteria outlined in the written statement of purpose and function and residents admission to the designated centre was to

support their rehabilitation following an acquired brain injury. Should other needs becoming more pertinent, or residents did not wish to engage in their rehabilitation, then alternative arrangements were put in place.

The designated centre was located in a suburb in County Dublin in an accessible location that had public transport links and nearby community amenities. Residents told the inspector that they liked the centre and were happy with their bedrooms. The designated centre was seen to be comfortable and homely. The building consisted of a two storey main house for four residents and a small apartment attached to it for one resident. There was a well maintained back garden with flowers, bedding, outdoor furniture and outdoor exercise machines. Downstairs of the main house consisted of a living room, toilet, kitchen and dining room which had patio doors to the back garden. Upstairs of the house had four bedrooms which were en-suite for residents' use, along with a large staff office/bedroom and second smaller staff office both of which were also en-suite. One of the residents' bathroom had an issue with water leaking and currently they were using the en-suite in staff room until this was addressed.

Overall, aspects of the premises required improvements. Bathroom areas require repair work for a leak and to improve them visibly. For example, there was dark stains and mould between tiles and at sealant edges. There was a missing press in the kitchen, rust on radiators and some laminate flooring was old and had ingrained marks. There was carpet on the stairs and landing which required cleaning. The provider did not have a specific maintenance team to oversee their properties, therefore it was the responsibility of the person in charge to be contacted and arrange for maintenance people privately when issues required repair. Some work had been completed prior to the inspection to address the mould in bathrooms, but due to layout and ventilation it continued to occur. The centre had suitable handrails throughout the building.

There was hand sanitiser and face masks available on arrival into the hall and procedures for visitors to sign in. There was a notice board on display in the dining room with information on accessing advocacy, the promotion of human rights and contact details for the confidential recipient.

The designated centre had fire safety systems in place, for example, fire detection and alarm, emergency lighting and fire fighting equipment. There were fire doors throughout building for containment which were checked by professionals and could close automatically in the event of the fire alarm sounding. There were adequate fire exits at the front and rear of the building however the access to the side entrance way from the back garden to the front of the house had uneven gravel and was not routinely practiced as a possible escape route. This meant that risks in relation to the accessibility of the exit pathway had not been fully tested.

There were written plans for each individual resident outlining the exact support they would require in the event of an evacuation, these were detailed and gave clear guidance to staff on how best to support residents in an emergency.

However, there was an absence of an overall written plan for staff to follow at night-

time in event of emergency, as in who to assist first and how to practically manage the evacuation. That being said, evacuation drills went well and were practiced often with good response times, and fire safety and evacuation was routinely discussed at resident meetings to bring back any learning from practice drills.

Overall, this inspection found that residents living in the designated centre were supported by a familiar and consistent staff team, where encouraged to direct their own lives and make their own decisions, were active members of the community and were provided with a homely place to live. Some improvements were required in relation to the premises, staff training and fire documentation.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations. The statement of purpose outlined the admissions and discharge criteria, and residents had a written agreement outlining the terms and conditions of their stay. Residents living in the designated centre were supported with their neuro-rehabilitation needs through an assisted living model of social care.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. The staff team were managed and supervised by a full-time person in charge. The person in charge was responsible for two designated centres and divided their time equally between the two. This arrangement was supported by an team leader position in each designated centre.

The person in charge reported formally and informally to a senior manager and there were structures in place for information about the designated centre to be made available to senior management and the provider. There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. The staff team met together with the person in charge on a monthly basis, and had one-to-one supervisions regularly throughout the year. Residents met regularly to discuss the centre.

Since the previous inspection, the provider and person in charge had taken action to address areas in need of improvement, for example, installing fire containment measures in the upstairs of the building, and addressing premises issues that were previously identified. The oversight and auditing systems in place in the designated centre, resulted in the provider and person in charge self-identifying areas in need of improvement, with planning already in place for some of the areas identified on this inspection as requiring improvement.

There was a stable and consistent staff team in place, who knew residents well and had the required skills to carry out their roles. The vacant role of a team leader had been recruited for and a staff member was in the process of being appointed to this role. The staffing resources available in the designated centre at day and night-time were adequate for the collective and individual needs of residents. Staff were provided with routine training to assist them in their roles, however some staff were in need of refresher training as it had expired.

Overall, the provider and person in charge had structures and systems in place to operate the centre in a manner that resulted in a good lived experience for residents, and residents were supported by a team of staff who knew them well.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had failed to notify the Chief inspector of the departure of the person in charge, and the appointment of a new person in charge within the required time lines.

The person in charge had changed in March 2022, and a notification was received in July 2022.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre, who was suitably skilled, experienced and qualified.

The person in charge worked full-time in their role and had responsibility for two designated centres.

The provider had made arrangements to ensure there was suitable oversight of the person in charge's area of responsibility by appointing a team leader in each centre.

Judgment: Compliant

Regulation 15: Staffing

The provider and person in charge had appointed a full and stable staff team to work in the designated centre, who had the required skills to carry out their role.

There was a suitable number of staff available in the designated centre during the day-time and night-time to support residents. Residents said that staff were nice and very helpful, and they were familiar to them.

The person in charge maintained a planned and actual roster to demonstrate who was on duty each day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was oversight of the training needs of staff, and arrangements were made to plan for training, as required. Some staff required refresher training in key areas, such as infection prevention and control and manual handling.

Staff were appropriately supervised through formal one-to-one meetings with the team leader or person in charge on a regular basis, by attending regular team meetings and informally through the presence of the person in charge in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured there was governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement. The provider had carried out an annual review in line with the National Standards on a yearly basis, and unannounced visits and reports on a six month basis.

The local management team completed regular audits and reviews in areas such as

documentation and health and safety checklists. From a review of audits completed, it was seen that local actions identified for improvement were in general acted upon in a timely manner, for example, replacing the fire extinguisher in the centre vehicle and treating mould in the bathroom areas. Some actions that required additional resources had been identified and were in the process of planning.

There was a defined governance structure in the designated centre with clear lines of reporting and responsibility, which was known by residents and staff. There were clear on-call arrangements for staff to contact a member of management out of hours, if required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that there were transparent admission and discharge criteria in the designated centre, and this was noted in the written statement of purpose and residents' agreements.

Residents had a written agreement in place outlining the terms and conditions of their placement and any associated fees.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations. The statement of purpose included clear criteria for admission and discharge and set out the aim of the designated centre and the supports available.

Judgment: Compliant

Quality and safety

The provider and person in charge were operating the centre in a manner that resulted in good quality, person centred care which promoted residents' rights. However some improvements were required in relation to the premises and fire

safety plans.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Individual rehabilitation support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal rehabilitation in accordance with their individual health, personal and social care needs and choices. Residents chose and were supported to achieve person centred goals. Some residents spoke to the inspector about their personal goals, and how they were working towards them.

The health and safety of residents, visitors and staff were promoted and protected through guiding policies, procedures and practices in the designated centre. Staff were trained in the protection of vulnerable adults and safeguarding processes, there were risk management process in place to identify, manage and reduce risk while also promoting residents' independence.

Precautions were in place against the risk of fire, such as fire detection and alarm systems and emergency lighting. Residents practiced evacuating the centre through drill exercises and residents discussed fire safety at their regular meetings in the house. The provider had installed fire containment measures upstairs in the centre since the previous inspection. Some improvements were required to the overall written fire evacuation plan for night-time, and the revision of a fire exit route at the side of the house, but overall fire discussions and fire drill exercises demonstrated that residents and staff were supported to understand how to protect themselves in the event of an emergency.

There were procedures in place for the prevention and control of infection. However, it was noted that some of the premises issues, impacted on the ability of the staff team to effectively clean them. For example, a wooden cracked toilet seat in an en-suite and broken tiles or sealants which had a build up of mould. There were systems in place to ensure the centre was cleaned regularly, risk assessments for infection control risks and contingency plans in the event of an outbreak of COVID-19. Some further guidance was required for staff for the management of soiled linen or laundry, should this occur.

Residents were provided with a homely and pleasant centre to live in, with private accommodation and showering and toilet facilities. Some improvements were required to the en-suite bathrooms, flooring in the centre and some general upkeep and maintenance. The interior of the building had been painted since the previous inspection, and the centre was nicely decorated.

Overall, the provider and person in charge were managing the centre in a way that resulted in residents having a homely place to live and where supported through a person-centred model of care that promoted residents' rights and independence. Some improvements were required to the premises and fire documentation.

Regulation 13: General welfare and development

The registered provider and person in charge were ensuring residents had appropriate care and support in accordance with their assessed needs. Residents had the choice to avail of recreational and educational activities that they enjoyed.

Some residents attended an external day service for some days of the week, in line with their wishes and interests. Residents were self-directing how they spent their time both at home and outside of the centre. For example, taking part in day service activities, using community amenities and facilities.

Residents were encouraged to use the local community amenities and could walk to shops, services and facilities or use local public transport links. There was also a service vehicle available.

Residents were encouraged to maintain relationships with their families and friends, for example, by spending the weekend with family members, visiting friends and keeping in touch on the telephone.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

The premises were homely and comfortable, but some areas required further attention, for example, bathroom areas required deep cleaning and remedial work, flooring such as carpet and laminate floors were old and in need of attention, there was a missing cabinet door in the kitchen and a leak from one of the en-suite bathrooms required attention.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

There were systems in place for the recording and reporting of adverse events of incidents in the designated centre, and these were reviewed by the person in

charge. Should any incident or risk be deemed as high risk, there were escalation pathways in place to inform senior management and the provider.

Judgment: Compliant

Regulation 27: Protection against infection

Personal protective equipment (PPE) was available in the designated centre, and staff were seen to be wearing the correct PPE as advised in the most recent guidance. Hand sanitiser was available throughout the building.

There were written protocols and risk assessments in place for the management of COVID-19.

Residents were supported to understand risks in relation to COVID-19 and how to protect themselves and had been supported to avail of vaccination programmes, if they consented to this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local household and health and safety audits and as part of the provider's wider auditing systems.

Some premises issues impacted on the ability to effectively clean and disinfect parts of the designated centre, for example, a wooden cracked toilet seat and issues with bathroom areas.

There was a separate laundry area located in a shed outside of the designated centre. Washing machines and dryers were clean and well maintained. Residents were encouraged to manage their own laundry. Some further guidance on the management of soiled linen or laundry was required to further support staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. The provider had installed fire containment measures in the upstairs of the building since the previous inspection.

Residents and staff took part in regular drill exercises for an evacuation and knew what to do and how to respond in an emergency. Staff were provided with routine training in fire safety.

There were individual written plans on how to support each resident in the event of a fire or emergency requiring an evacuation. While individual plans were clear, further improvement was required to an overall written procedure for the event of an emergency at night-time, which would further support staff.

In general, escape routes were well sign-posted and kept clear. One possible exit route from the back garden to the front of the house required further review to ensure it was free of trip hazards.

Fire safety was regularly discussed at residents' meetings and following practice drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required. Residents needs were assessed on admission to the designated centre, and on an ongoing basis, for example, residents had home visit assessments by occupational therapists or speech and language therapists.

Information within assessments and plans was kept up-to-date and was reviewed regularly by the person in charge and staff members. For identified needs or risks noted in assessments, there were corresponding personal plans outlining how residents would be supported with this need. Residents were encouraged to be as involved in their own care and support as possible, and were provided with advice or guidance on how to self-manage their needs.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a routine basis.

Concerns or allegations of a safeguarding nature were recorded and reported in line

with national policy, and if required residents were supported with safeguarding plans.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that promoted residents' ability and independence. Residents had information available to them on their rights and how to access advocacy services to support them, if they required this.

There was a focus on skills teaching in the designated centre through the model of rehabilitation, supporting residents to develop or improve skills in relation to daily living.

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 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rochestown Avenue OSV-0001526

Inspection ID: MON-0033602

Date of inspection: 21/09/2022

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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>All information required under regulation 7 has been submitted to the inspector for review.</p> <p>Moving forward a more robust process is in place at the onboarding stage of new PIC</p> <ul style="list-style-type: none"> -All information will be collected at the time of hiring and submitted within the time frame set out in the regulation. -Appointment of new quality and safety officer includes responsibility to ensure provider submissions met the time frame set out in the regulation. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff training matrix is in place. This matrix highlights future training needs of staff and allows for future planning of staff training and arranging sufficient staffing cover.</p> <p>Following the inspection, a new team leader began their post on 17th of October. Team leader reviews training matrix at least monthly and ensures all staff are scheduled for training accordingly. This is overseen by the PIC in supervision.</p> <p>All staff have completed and updated infection prevention and control training as of the</p>	

8th of November 2022.

Manual Handling training has been scheduled for all staff in November, December and January all staff in need of training and will have completed by 31st January 2023.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Procurement process has begun to secure contract to complete required remedial work in bathrooms. This work has been delayed given the complexity of works needed which extend beyond the replacement of hardware, flooring and tiling. Ongoing leak and issues with placement of pipe work and flooring structure have caused delays in sourcing contractors to complete work. Builder has been found to complete works and has started investigative work. Work scheduled to begin by the end December 31st 2022 dependant on availability of contractors.

Bathroom audit completed by National Infection Prevention and Control officer on 25th of October to plan for capital funds needed for future remedial / replacement works in conjunction with local and senior management.

Procurement process has begun to secure contract for new flooring in various areas throughout the service. Work scheduled to be begin by the end of 2022 dependent on availability of contractors.

Kitchen cabinet door has been repaired and rehung.

Regulation 27: Protection against infection

Substantially Compliant

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

All bathrooms receive a weekly deep clean by contracted cleaning company. In addition to this weekly deep clean a staffing deep clean schedule has been introduced to further address deep cleaning needs throughout the home. This schedule was introduced on October 22nd 2022 and completed weekly thereafter.

All broken toilet seats have been replaced with new hardened plastic seats. Condition of seats will be regularly audited as part of quarterly IPC audits already in place.

Further guidance for staff in relation to the management of soiled linen or laundry has been put in place with visual and written displays updated and placed in the laundry

area. These updates were discussed in October team meeting and will continue to be reiterated to staff when discussing IPC in team meetings.
Visual and written supports are also an aid to clients when completing laundry independently. Team Leader has discussed processes with clients to ensure they understand the processes for managing soiled linen or laundry.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Updated written procedure to provide staff with clear guidance on their roles during nighttime evacuations have been put in place. This plan has been updated with consideration given to all clients PEEPS and location of staff when completing a sleepover shift. This protocol has been shared amongst the team and will be reviewed at both the staff and client meetings in November to ensure it is clear for everyone.
Nighttime drill with minimum staffing to be completed by December 15th 2022 to practice steps outlined in updated evacuation plan.

Procurement process has begun to acquire quotes for repaving of side lane of the house to remove any potential trip hazards if using backdoor as a fire exit. Awaiting quotes for works.

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
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Substantially Compliant	Yellow	10/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/01/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	22/10/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	15/12/2022