



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Sky Services                             |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Galway                                   |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 05 January 2022                          |
| Centre ID:                 | OSV-0005035                              |
| Fieldwork ID:              | MON-0032046                              |

## About the designated centre

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

Sky Service provides full-time residential care and supports 10 individuals of mixed gender who are over 18 years of age, and who have an intellectual disability. These individuals may also have complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. The centre is comprised of two houses, one in a town, and the other nearby in a rural area. The houses meet the needs of residents with suitable assistive equipment, single bedrooms, gardens and comfortably furnished rooms. Residents in the centre are supported by a staff team that includes team leaders in each house, nurses, social care workers and care assistants. Staff sleep in one house, and there is a staff member on waking duty in the other house.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 10 |
|--|----|

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 5<br>January 2022 | 09:30hrs to<br>16:30hrs | Mary Costelloe | Lead |

## What residents told us and what inspectors observed

This inspection was announced on the evening prior to the inspection as there was an active outbreak of COVID-19 in the centre. The inspector made arrangements with the person in charge to review records and documentation in the nearby administration office building in order to limit time spent in the centre in line with COVID-19 infection control precautions. Following a review of the documentation and discussions with the person in charge, the inspector visited both houses and met with three residents and three staff in each house.

The Chief Inspector had been notified of an outbreak of COVID-19 in the centre on the 3 January 2022. At the time of inspection, there were two residents confirmed positive with COVID-19, two residents and a number of staff were suspected with COVID-19 and were awaiting test results. The inspector did not meet with the four residents who were socially isolating in their bedrooms. Staff spoken with were knowledgeable regarding the systems in place to control the spread of COVID-19 infection in the centre. Staff were observed to adhere to national public health guidance on the wearing of PPE (personal protective equipment) including the wearing of required face coverings. There were adequate supplies of PPE available. There were adequate and suitable bins in place for the storage and disposal of clinical waste. Staff were observed reminding residents of the necessity to complete appropriate hand hygiene.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The inspector met with six residents during the afternoon of the inspection. Due to the current outbreak of COVID-19 in the centre, residents were restricting their movements and relaxing at home while some residents were socially isolating in their bedrooms. Some residents were unable to tell the inspector their views of the service but appeared in good form, content, happy and comfortable in the company of staff. There was a relaxed and friendly atmosphere in both houses visited. Staff were observed to interact with residents in a caring and respectful manner responding to and supporting their wishes. Residents were observed relaxing in the sitting rooms watching television, reading magazines, some interacting and chatting with staff and others were observed coming and going as they choose from their bedrooms. Staff were observed to visit those residents who were isolating in their bedrooms to ensure that they were comfortable and content. Staff advised that those residents confined to their bedrooms were viewing films and listening to music.

This centre comprises of two houses. One house is located in a residential area of a large rural town and the other house is located nearby in a rural area. Each house accommodates five residents in single bedrooms. The bedrooms in one house had

ensuite toilet and shower facilities and there was an adequate number of shared bathroom facilities in the other house. The houses were comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents use. Both houses were found to be well maintained and visibly clean. Residents had easy access to well maintained garden areas. Both houses were accessible with suitable ramps and handrails provided at the entrance areas.

Residents had their own bedrooms which were spacious, comfortably decorated, suitably furnished and personalised. Many of the residents had recently been involved in choosing their preferred paint colours for walls, choosing new soft furnishings and bedroom furniture. All bedrooms had televisions, adequate storage for personal belongings and were personalised with items of significance to each resident.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning.

Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. There were colorful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Some residents assisted with meal preparation. One resident visited the local shop on a daily basis to get his preferred food and treats. He had his own dedicated food storage area and refrigerator. Another resident had a coffee machine and choose when to make his own coffee. Residents were supported to eat out or get takeaways at weekends.

Residents were supported to engage in meaningful activities in the centre and in the local community. Each resident had their preferred daily activity schedule documented in picture format. Activities normally included going to the local shops, going for a drink to the local public house or hotel, going out for a meal, and getting takeaway food. Some residents were regularly involved in sporting activities including bowling, soccer and golf. One of the residents had a custom made bicycle and regularly cycled. Other residents could choose to attend activities of their choice in the local day care service such as bingo, art classes, creative writing workshops and live music events. Staff told the inspector that some residents had attended music concerts and live shows in the recent past. The inspector saw photographs of residents enjoying a wide range of activities including chair yoga, celebrating birthdays, Easter, Halloween, St. Patrick's day, visiting the beautician, hairdressers, having picnics in the park and meeting with family and friends. There were three vehicles available for use by residents living in the centre.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre had been suspended due to the current outbreak of COVID-19 but was normally facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home,

some of the residents had visited and stayed with family members over the Christmas holidays. Residents were also supported to stay in contact with family and friends. There were several tablet hand held computers available to residents which they used for video calls with family members and also used to sent and receive photographs.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do based on each person's individual abilities and preferences.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary qualifications to carry out the role. The person in charge was supported in their role by the regional manager and by team leaders in both houses. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents, however, the statement of purpose required updating to reflect the changes to the numbers and skill mix of staff in the centre. The staffing roster reviewed indicated that there was a regular staff pattern and a number of recently recruited locum staff were also employed.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that regular staff had completed mandatory training. While recently appointed locum staff had completed in house fire safety induction training, records showed that they had not yet completed formal fire safety training or people moving and handling training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and

behaviour management. Additional training in various aspects of infection control and hand hygiene had also been provided to staff in response to the COVID-19 pandemic.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2020 and the person in charge advised that the review for 2021 was in progress. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed, for example, an additional assisted bathroom had been provided in one of the houses and a specialised bath had been ordered. A new ramp and hand rails had been provided to the front entrance area of one house and the surrounding footpath areas were due to be resurfaced. Regular reviews of identified risks, health and safety, COVID-19 prevention and management, accidents and incidents, complaints and medicines management were completed. Records reviewed indicated a high level of compliance with audits. The results of audits were discussed with staff and residents in order to share learning.

The provider had developed a comprehensive contingency plan to guide staff on how to reduce the risk of COVID-19 entering the centre and managing an outbreak of the infection should it occur. Guidance and information was also provided to residents to ensure they were up-to-date regarding public health restrictions, hand hygiene and requirements for social distancing.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed. The complaints procedure was available in each residents file and had been discussed with them and their families. There were systems in place to record and investigate complaints. The person in charge advised that there had been no complaints received during 2021. Feedback from satisfaction questionnaires completed by family members indicated satisfaction with the service provided.

#### Regulation 14: Persons in charge

The person in charge worked full-time in the role. She had the required experience and qualifications for the role.

Judgment: Compliant

#### Regulation 15: Staffing



On the day of inspection staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

### Regulation 16: Training and staff development

Recently appointed locum staff had not yet completed formal fire safety training or people moving and handling training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management arrangements in place ensured that that the service provided was safe, appropriate to meet the needs of residents and was effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the changes to the numbers and skill mix of staff in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format in each residents file and had been discussed with them and their families. There were systems in place to record and investigate complaints. The person in charge advised that there had been no complaints received during 2021.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Some minor repairs and maintenance was required to the kitchen units and dining chairs. Further fire drills were required to provide assurances that all residents could be evacuated safely and in a timely manner.

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Residents preferences were identified through the personal planning process, ongoing communication and observation. Staff were very knowledgeable regarding residents needs, likes, dislikes and interests. The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to knock and request permission before entering bedrooms. Staff were observed to interact with residents in a caring and respectful manner. There was a range of easy-to-read documents and information supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents.

The personal plans reviewed detailed the needs and supports required by each resident to maximise their personal development. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually at which residents' personal goals and support needs for the coming year were discussed and progress reviewed.

The inspector was satisfied that the health care needs of residents were assessed. Comprehensive and person centered care plans were in place for all identified needs. Residents had access to General Practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. A review of residents files indicated that residents had been regularly reviewed by the occupational therapist, physiotherapist, neurologist, psychologist, dentist, optician, audiologist and chiropodist. Residents had also been supported to avail of the national health screening programme. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

There were measures in place to ensure that residents' general welfare was being supported. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and

facilities in the local area. It was close to the local railway station and some residents used the train services to go on day trips and to attend events of their choice. The centre also had three vehicles which could be used by residents to attend outings and activities. Some residents normally attended day services during the week days while others choose to attend selected activities of interest to them.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. At the time of inspection residents who had tested positive for COVID-19 and those residents awaiting on test results were being accommodated and isolating in their own bedrooms. There were adequate supplies of PPE available and staff were observed to be correctly wearing it in line with national guidance. There was suitable guidance and arrangements in place for the storage and disposal of clinical waste. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control. There were cleaning schedules in place and the inspector observed that both houses and equipment in use were visibly clean. Appropriate cleaning chemicals were available for use. However, as discussed with the person in charge, the use of the same floor cleaning mop for multiple areas in the houses required review in order to further enhance infection prevention and control.

Both houses in the centre were comfortable, spacious, furnished and decorated in a homely style. However, the painted kitchen units in one house and the torn leatherette covering to some dining room chairs required repair. These defective surfaces could not be effectively cleaned and were a barrier to effective infection prevention and control.

Overall, there were good arrangements in place to manage risk in the centre, however, some improvements were required to some aspects of fire safety management. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, emergency plan and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. While regular fire drills had been completed simulating both day and night time scenarios, improvements were required to ensure that a fire drill simulating a night time scenario taking account of all residents in the house was carried out to provide assurances that all residents could be evacuated safely and in a timely manner. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. Most staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Some recently appointed locum staff

had not yet completed formal fire safety training.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection. Staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the person in charge and through reviews at the organisation's human rights committee. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies.

### Regulation 11: Visits

Visiting to the centre had been suspended due to the current outbreak of COVID-19 but was normally facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The painted kitchen units in one house and the torn leatherette covering to some dining room chairs required repair.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were generally suitable arrangements in place to manage risk in the centre, however, some improvements were required to some aspects of fire safety management and are included under Regulation 28: Fire Precautions.

Judgment: Compliant

### Regulation 27: Protection against infection

Cleaning equipment in use and some defective surface finishes required review in order to further enhance infection control.

- The use of the same floor cleaning mop for multiple areas in the houses required review.
- Worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire drills simulating a night time scenario taking account of all residents in the house was required to provide assurances that all residents could be evacuated safely and in a timely manner. Some locum staff had not completed formal fire safety training.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Residents were supported to access vaccination programmes and national screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Substantially compliant |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 11: Visits                                 | Compliant               |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Substantially 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 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Sky Services OSV-0005035

Inspection ID: MON-0032046

Date of inspection: 05/01/2022

## 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 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>All staff who had not received mandatory training have been booked for the next available training slots and this will be completed by March 31st 22.</p>   |                         |
| Regulation 3: Statement of purpose  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been changed to reflect the staffing numbers and skill mix in the Centre this was completed on Jan 28th 2022.</p>   |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The chairs in one house have been removed and sent off to be recovered. The kitchen doors that need to be replaced and all other kitchen doors will be repaired and spray painted.</p> <p>This has highlighted and requested to facilities manager and will be completed as a priority by March 1st 2022.</p> |                         |

|   |                         |
|---|-------------------------|
|   |                         |
| Regulation 27: Protection against infection   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Two further colour coded mops (blue and green) have been introduced into the centre to further enhance infection control. The floor and surfacing cleaning system is being reviewed across the whole organization. The kitchen doors that need to be replaced and all other kitchen doors will be repaired and spray painted.</p> <p>This has been highlighted and requested to facilities manager and will be completed as a priority by March 1st 2022.</p> |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A night time fire drill was completed on the 28th Jan 2022 and all residents were successfully evacuated We are meeting with our facilities manager and health and safety officer to review our drills and discuss options to improve evacuations going forward.</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 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      | 31/03/2022               |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.          | Substantially Compliant | Yellow      | 01/03/2022               |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by  | Substantially Compliant | Yellow      | 01/03/2022               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.  |                         |        |            |
| Regulation 28(4)(a) | The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. | Substantially Compliant | Yellow | 31/03/2022 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.   | Substantially Compliant | Yellow | 28/01/2022 |
| Regulation 03(1)    | The registered provider shall   | Substantially Compliant | Yellow | 28/03/2022 |

|  |   |  |  |  |
|--|---|--|--|--|
|  | prepare in writing a statement of purpose containing the information set out in Schedule 1. |  |  |  |
|--|---|--|--|--|