



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

## Issued by the Chief Inspector

Name of designated centre:	Rosanna Gardens
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	24 May 2022
Centre ID:	OSV-0001711
Fieldwork ID:	MON-0028441

## About the designated centre

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

Rosanna Gardens is a designated centre, operated by Sunbeam House Services and is located in Co. Wicklow. The centre can provide support for up to five adult residents. This designated centre offers support to men and women with mild to moderate intellectual disability and who may display responsive behaviour. Residents living in this designated centre are generally independent in their personal care or require a low level of support. Residents do not need any additional support in relation to their mobility. The designated centre comprises of two units located beside each other. One unit is divided into two individual living apartments with their own front entrance. The second unit is for three residents with a shared kitchen, dining and living room and accessible bathroom and each resident has their own individual bedroom with en-suite facilities and a private sitting room area also. The centre has a large garden area and an outdoor room for activities. The staff team working in this designated centre consist of nursing staff, social care staff and care assistants. The centre is managed by a full-time person in charge, who has support from a deputy manager.

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

Number of residents on the date of inspection:	4
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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 24 May 2022	10:15hrs to 17:05hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents who were living in the designated centre at the time of the inspection. Residents had also been supported to complete a written questionnaire to give their views on their experience of the designated centre in areas such as their rights, their care and support, the premises and the activities that they took part in.

Overall, resident questionnaires showed that there was nothing that they would like to change about their centre, and that they were happy with how comfortable it was. Residents were happy with their bedrooms, the amount of space they had and the food and mealtimes in the designated centre. All questionnaires outlined that residents were happy with the amount of choice they had in their daily lives, their privacy and their safety. Residents also felt that staff listened to them, were easy to talk to and were satisfied with the support they received from the staff team.

The designated centre was located in a town in County Wicklow. The two residential units that make up this designated centre were located on grounds that had another designated centre located next to it. On arrival to the designated centre, the inspector found that the grounds were well maintained, the premises were quiet and there was adequate parking. The individual apartments in one residential unit now had main entrance doors identified and staff were seen to be knocking before entering residents' homes, and there was clearer identification of communal and private areas.

Some residents showed the inspector their living space, their bedroom and bathroom facilities. There was a newly installed accessible wet room in one unit with an accessible bath and a new larger wet room en-suite bathroom for one resident. These were positive changes, and meant that residents could use suitable bathing and showering facilities in their own home without having to walk across into another area of the centre. Residents told the inspector that they were very happy with the new bathrooms, and they were more spacious and suited to their needs.

The provider had changed the floor plans in one unit to include two individual style living areas each with their own front door, kitchen, dining/living room, bedroom and bathroom. The building works were seen to be completed to a high standard and residents appeared happy in their new individualised living areas. One living area was vacant at the time of the inspection.

A walkway from the storage and office space, into one resident's living area, was now closed off. This measure had been put in place following the previous inspection. This meant the resident now had an identified front door, and was able to easily see who was seeking to visit them. This new arrangement encouraged more privacy and respectful entry into their individual apartment space and staff mentioned that the resident was more relaxed in their living room, whereas

previously people could have come into their home through various entry points.

The shared kitchen area in the unit for three residents had been altered, to open up into the dining room. This change meant that meal time preparation was a much more inclusive event, with residents able to walk in and out of the kitchen through the dining room, in place of previously having to walk down a corridor and into the kitchen from another entrance point. Residents were seen to be seated in the dining room and chatting to staff while they prepared food in the kitchen area during the day.

There was food and supplies stored in each kitchen of the apartments and meals were now being prepared in the kitchen of each person's home. This made it a more inclusive experience and encouraged residents to get more involved in food and meal preparations. While some residents told inspectors they did not want to cook their own meals, there were opportunities now for them to participate in this in their home, or to talk to staff while meals were being prepared.

One resident was out in Dublin at the start of the inspection, attending community based activities that they enjoyed. Other residents had chosen to rest on in their bed until later in the morning, and other residents were spending time in their living rooms. Residents had plans for each day based on activities that they enjoyed, and there was an adequate number of staff available to support them. For example, during the day some residents was at yoga classes, others were in Bray for shopping or had gone out for a walk. Residents were aware that a new staff member was going to be joining the staff team soon, and that this person would support them further with activities and skills teaching as part of their centre-based day service. Residents were kept informed and updated on the recruitment of new staff.

Residents were encouraged to take responsibility for their living space and environment. During the day, the inspector saw residents making themselves tea or coffee or doing light cleaning in their homes.

Overall, residents expressed that they were happy in their home, they were pleased with the physical changes to the premises and facilities and felt supported by the staff team. It was observed that staff were helpful and spoke respectfully with residents and demonstrated that they knew residents well.

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 had implemented changes to the premises since the previous inspection in October 2021, and had applied to vary their conditions to reduce the

size of the designated centre from three living units, to two. The physical changes to the layout and design of the designated centre had impacted positively on residents' experiences and promoted a more person-centred living environment.

This inspection was carried out to follow up on the inspection of October 2021, and to inform a decision following the provider's application to renew its registration. The provider and person in charge demonstrated that they had the capacity and capability to implement positive changes and to carry out the actions as agreed in their compliance plan response. Since the previous inspection, there was a new person in charge, who was supported by a deputy manager, and the use of temporary staffing had reduced following recruitment of permanent staff. These management changes and stability of the management structure and staffing resources, along with the physical changes to the building had resulted in a positive outcome for the residents living in the designated centre.

On the day of inspection, there were four people living in the designated centre, across two units located beside each other on the premises.

The provider had made changes to the management structure in the designated centre but had maintained effective leadership and oversight arrangements. There was a full-time person in charge, who was supported in their role with a deputy manager. Both the person in charge and deputy manager were responsible for two designated centres and divided their time appropriately between the two centres, to ensure effective oversight and supervision.

There were effective oversight and monitoring systems in place. For example, a local system of audit, review and checks to oversee the care and support delivered in the designated centre. There had been unannounced visits completed through the quality department, on behalf of the provider on a six-month basis, along with an annual review on the quality and safety of care. Residents knew the management structure and the different roles of members of the management team and had been kept informed of any changes.

Staff were qualified in nursing, social care or other care professions and there was a stable and consistent staff team in place. Since the previous inspection, the provider had reduced the amount of temporary agency staffing that was required by hiring more permanent staff posts. New staff employed to work in the designated centre had a formal induction process with the person in charge to ensure they understood the needs of each resident and the operation of the designated centre. There was one staff member vacancy at the time of the inspection, which the provider had recruited for and had identified a date in the coming month for this new person to begin working in the centre. Residents were fully informed of staffing changes, and knew which staff were supporting them on different days of the week.

The provider and person in charge had revised the written statement of purpose as an action from the previous inspection. The statement of purpose was found to be a clear description of the facilities and the care and support that was being provided in the designated centre.

Overall, the provider had taken action to address areas identified in their previous

inspection report, had made physical changes to the building to promote privacy and accessibility and had stabilised the staff team. These changes were seen to be impacting positively on the lived experience of residents.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application, relevant fees and corresponding documentation to renew their registration of the designated centre, within the time frame required.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full-time person in charge appointed to be responsible for the designated centre, who was suitably skilled, experienced and qualified. The provider had arrangements in place to ensure effective governance and oversight of the designated centre, as the person in charge was responsible for more than one centre. For example, by hiring a deputy manager to support the person in charge with their responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with support from familiar staff who knew them well.

Staff working in the designated centre were suitably qualified to deliver services in line with the written statement of purpose. There were nursing staff employed by the provider, along with staff qualified in social care professions and care assistants.

The person in charge maintained a planned and actual staff roster for the designated centre to show who was on duty during the day and night-time, and residents were aware of which staff were working during the week.

The provider had reduced the use of temporary agency staffing in the designated centre, and had taken measures to recruit and employ suitable staff for any vacancies that arose.



Staff files and records were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents in the designated centre, which was available in the centre for review and contained the information specified in Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

There was an enhanced auditing system in place by the person in charge, to ensure information, documentation, assessments and plans were reviewed and updated periodically.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an annual review of the quality of care and support. The provider had taken action to address the areas identified for improvement in the previous inspection report in October 2021 and had amended the lay-out of the premises to better suit the needs of residents and the overall aim of the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had revised its written statement of purpose and function in the designated centre. The written document was a true and clear description of the facilities and the care and support being delivered in the designated centre and met the requirements of schedule 1 of the Regulations.

Judgment: Compliant

## Quality and safety

The changes that the provider had made to the lay-out of the premises and the facilities available impacted positively on the quality of the service being delivered to residents and supported a more person-centred approach to care and support.

The provider had reduced the number of units that make up the designated centre from three to two, and had completed renovations to the existing buildings since the previous inspection in October 2021. Residents were afforded a more accessible and individualised home, with improvements to the communal rooms in the centre, to residents' individual living areas and to the bathing and showering facilities. Residents expressed satisfaction with the changes to the premises and these changes had created a calmer individualised living area for some residents, which they were observed to enjoy. Some minor improvements were still required to the designated centre in relation to the exterior walls, gutters and grounds and to complete final planned works such as installing of grab-rails and toilet roll dispensers in new bathrooms.

Residents were protected against the risk of transmission of COVID-19 infection through policies, procedures, practices and equipment that promoted good practice. For example, staff wore appropriate personal protective equipment (PPE) in line with the latest national guidance, there was adequate supplies of hand sanitisers available and all visitors had to complete a temperature and symptom check on arrival. The risk of COVID-19 had been assessed and local procedures put in place for contingencies should a suspected or confirmed case occur for residents or staff. Residents had been encouraged to learn about the vaccination programme in order to make an informed choice. While overall there were good practices in relation to COVID-19, some improvements were required in relation to the laundry facilities to promote safe and effective infection prevention and control and to the guiding policies and protocols and the training offered to staff in relation to standard precautions and the wider context of healthcare-associated infections and best practice.

The person in charge and staff team had a good understanding of residents' individual and collective needs, their likes and dislikes and how to support them to engage in activities that were meaningful to them. As day services were operated from the designated centre, each resident had plans in place to engage in activities both from home and outside of the designated centre. Residents told the inspector about how they liked to spend their day, and new activities that they were enjoying, such as yoga, art classes, exercise classes and working with personal trainers.

Residents' needs were noted and assessed using assessment tools implemented by the provider. Based on the assessment of residents' health, personal and social needs, personal plans were written up to outline how each individual need would be

met and supported, and these were regularly reviewed. Residents chose goals or aspirations that they wished to work towards with the support of staff, and these were reviewed regularly through key worker meetings. If advice from allied health or social care professionals was required, this was included within written plans and records maintained of all appointments and advice. While assessments and plans were in place, some health care plans for specific known health risks required further guidance for the staff team in relation to the frequency of monitoring for symptoms and the guidance to follow should symptoms of concern arise.

For residents who required positive support to help them with their mood or behaviour, there were formal plans in place to guide this support along with access and review from the appropriate allied health and social care professionals, for example, behaviour support specialists and the psychology department. Residents were aware of any restrictions in the designated centre that may limit their choice or freedom, for example, alerts on doors at night-time and had consented to any restrictions in place. There was good oversight of any restrictions being used and clear reduction plans to continuously aim at reducing any restrictions in place. Where medicine was used at times to support people to manage known health issues such as anxiety, these had clearly written procedures in place to ensure they were only used as required and that alternative interventions were tried beforehand, if appropriate.

The person in charge and staff team had made improvements in relation to the meal-time experience of residents and their involvement in meal preparation and cooking within their own home. Residents' food was now stored and meals prepared in their own kitchens, and they had greater choice around taking part in preparing and cooking their meals. Residents enjoyed the food on offer in the designated centre, and the changes to the premises and the way that the centre was operated was more inclusive for residents in relation to food preparation.

Staff had a good understanding of each resident's communication style, and staff and residents were seen to communicate easily with each other. There was written guidance in each resident's file on their unique communication style and specific support plans for communication. Residents felt that staff were easy to talk to, and could understand them well. While residents communicated verbally, they also used tablet devices to assist them to express themselves using photographs or images. Information for residents was available in plain English, with images to support understanding and there were easy-to-read versions of important information available such as the complaint process, for example. Residents had guidance in their support plans to assist staff to understand their expressive communication, such as tools outlining how residents expressed pain or upset and to demonstrate how particular behaviour may be communicating a need.

The designated centre was now laid out and being operated in a manner that promoted more person-centred care and support within individualised environments and this was more respectful of residents rights and privacy. Overall, residents were receiving a service that was found to be meeting their individual and collective needs, was safe and of good quality, with some minor improvements required in relation to the premises, infection prevention and control and assessments and

plans.

### Regulation 10: Communication

Residents had up-to-date information in their folders regarding their communication needs and staff were aware of the individual communication styles and needs of residents, as outlined in their written plans.

If required, residents had access to allied health and social care professionals who were employed by the provider to assess their communication needs and advise on their support plans.

Residents had access to telephone, Internet and media, such as radio and television.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported by a team of staff who knew them well, including how they liked to spend their time. Residents had decided on planned activities during the day and week, both outside of the centre and while at home, and were supported to take part in activities of interest to them, for example, exercise classes, art classes, going to concerts and having nights away.

Residents were encouraged and supported to maintain good relationships with their families and friends, by using the telephone and video calling, visiting family and friends and going to family events.

Judgment: Compliant

### Regulation 17: Premises

The provider had made changes to the lay-out of the premises through the application to vary its conditions, and reduce the premises from three buildings to two. Within the footprint of the designated centre, the provider had enhanced the facilities and completed planned works to a good standard.

The provider had improved the accessibility of the premises and facilities through the installation of a new accessible bathroom and shower room, along with expanding and renovating an en-suite in line with residents' needs.

Along with the physical changes, the provider had a clearer definition of communal and private spaces with the use of main doors for entry which was promoting residents' privacy and dignity.

Some further improvements were required in relation to the premises and facilities:

- The provider had plans to explore the laundry facilities available in order to better support residents to manage their own laundry within their own apartment.
- Some exterior work was required to improve and enhance the outside of the premises, for example, there was dirt on exterior walls, signs were faded and the gutters and fascias required clearing and cleaning.
- Some final maintenance works were required following renovations which were already planned for, for example, installing final grab-rails, covering of extractor fans and installing toilet paper dispensers.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals, if they so wished. Since the previous inspection, residents' meals were now being prepared in their own living environments, and they were encouraged to take part in preparing and cooking their foods if they so wished. Some residents did not wish to do this, but did like to sit in the dining room while staff were cooking meals. The provider had opened up a walkway from the dining room into the kitchen in one of the units, which made it easier for residents to be involved in mealtime preparation.

Residents' food was stored in safe and hygienic conditions within their own kitchens and there were procedures in place to check fridge and cooked food temperatures. Staff and residents used a colour-coded system for food preparation, and staff received training in safe food hygiene.

Residents were involved in deciding on meal plans in the designated centre, and had choice over the food they ate, the times they ate at, and who they dined with.

Residents who required assistance or supervision during meals had this available to them, and if required, residents had been assessed by relevant professionals to reduce risk, for example, risk of aspirating.

Residents had access to meals, refreshments and snacks at all reasonable times and residents commented that they liked the meals and the choice they had in their diets.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had policies and procedures in place for the protection of residents, staff and visitors against infection, and had adopted good governance arrangements for the management of COVID-19, for example, through risk assessments, isolation plans and contingency plans should an outbreak occur.

Staff had received training in COVID-19, the use of personal protective equipment (PPE) and hand hygiene, and staff were seen to be wearing the appropriate PPE during the inspection and sanitising their hands. While staff received training specifically for the use of PPE, hand hygiene and in COVID-19, the training required improvements to ensure it covered all aspects of standard precautions in the prevention of infection.

There were arrangements in place for visitors to have their temperature and symptoms checked before entering the building and there was adequate PPE available in the designated centre. The provider had employed household staff in this designated centre to carry out general cleaning duties, and they had equipment available to do this, for example, cleaning trolleys and cleaning equipment.

This location had two separate laundry rooms, with industrial size washing machines and dryers. These laundry rooms previously were used by all residents. With the changes to the premises and residents now having individual apartments, the provider had plans to locate laundry facilities for individual use in some of the areas of the designated centre.

While there were identified laundry room areas at the time of inspection, these were seen to be in need of deeper cleaning and further consideration in relation to storage to support a better flow of laundry management. For example, improvements were needed to promote better storage of mops and cleaning equipment, and to improve ventilation to reduce condensation which had left marks on the walls. Deep cleaning was also required of the industrial machines which were grimy on the exterior. Due to the build up of condensation, staff were advised to keep the door of one laundry room ajar, however this created increased noise for residents.

The provider had an infection, prevention and control policy that was available online for staff to read. The policy document required further development through the creation of more specific protocols and procedures for this designated centre, based on residents' needs and different infection prevention and control risks that may be associated with this designated centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

There was a system in place for the assessment of residents' health, social and personal needs. Where a need was identified, a corresponding personal plan was put in place outlining the supports required. Residents had access to allied health and social care professionals, who were involved in assessing and planning for their care and support, if required. Assessments and plans were reviewed regularly by the staff team and person in charge.

While there was a clear assessment and planning system in place, and for the most part care and personal plans offered detailed guidance for staff, some content within specific health care plans required further on how to respond and monitor for signs of a known health condition. For example, while there was a care plan in place for a known health risk, it did not fully guide staff on how frequently certain vital signs should be recorded and monitored and the care plan did not fully guide staff on how to respond should particular signs or symptoms occur, such as cyanosis.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

By making changes to the environment and providing residents with living environments that better suited their needs, there was a reduction in stressors for residents who previously required formal plans for positive behaviour support, for example, proactive and reactive strategies along with the use of identified PRN (as required) medicine. With these environmental changes having a positive impact, the person in charge had plans to review some of the specific behaviour support plans with members of the allied health and social care professional team to determine if they were still required or needed updating.

The person in charge maintained a log of any restrictive intervention in the designated centre, and these were reviewed regularly. There was an ongoing focus on reducing restrictions and promoting a restraint-free environment through regular monitoring, trialling of reduction plans and review.

Where there were restrictions on residents' choices to support their health, these were done in consultation and with consent of residents, for example, reduction of smoking plans. Residents were aware of any environmental restrictions in their home and their purpose.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had access to advocacy services, if they wished to have independent support. Residents' capacity to make their own decisions was assumed and residents were supported to make their own informed choices and exercise control over their daily lives. Residents were encouraged and supported to learn new skills, to understand the impact of their decisions so that they could make well informed choices. Where residents had identified risks in relation to their safety or health, the person in charge had supported residents to have formal assessments of their decision-making capacity for particular areas.

The management team had planned training for staff in relation to assisted decision-making support and how to balance promotion of residents' choice and decision-making with safeguarding.

The changes to the physical lay-out of the premises was more promoting of person-centred care and more respectful of residents' privacy and dignity.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rosanna Gardens OSV-0001711

Inspection ID: MON-0028441

Date of inspection: 24/05/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            Much of this work has now been completed by the maintenance team in SHS and also by the outsourcing of this work to outside contractors.</p> <ol style="list-style-type: none"> <li>1. The entire exterior building was power washed by an external contractor, removing all the dirt and grime. The fascia and soffit were also cleaned to a high standard. This occurred on the week ending 24/06/2022.</li> <li>2. Grab rails have been installed by our own maintenance dept. in two of the bathrooms where they were identified as missing.</li> <li>3. The fading signs have been removed and new signs have been ordered. It is estimated that this will take another 6 weeks, or 22/08/2022</li> <li>4. It has been discussed with facilities and housing maintenance the washing machine in an apartment. It has been agreed that a washing machine and dryer will be installed in persons apartment to facilitate person doing their own washing in their own area. 30/08/2022</li> <li>5. The covering of extractor fans and the installation of toilet paper dispensers remain with the maintenance dept. This is on our Flexmaint system and CSM has asked for update on these requests. I was given a timeline for completion of 15/08/2022.</li> </ol>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> <li>1. The laundry area is now deep cleaned regularly, this is reflected in the in the weekly deep clean audit where laundry is identified, and staff must sign.</li> </ol>	

2. CSM and DCSM have instructed staff to leave the door ajar when the dryer is on, this reduces the condensation significantly. The noise is compensated by doing the drying when there are significantly fewer people in the location, ie in the morning or afternoon.

3. Mops are stored off the floor, they are suspended from hooks from the wall, this allows for in depth cleaning of all surfaces.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

There is now a detailed information piece on this diagnosis, outlining the etiology, cause, and likely outcome in the event of a person becoming ill with this illness.

There are clear directions on what to do in the event of a sudden onset of this illness.

Persons care plan has been updated with the knowledge of all the above and a long-term care plan put into place.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	24/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2022
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	30/07/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2022