



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 6
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0005831
Fieldwork ID:	MON-0034230

About the designated centre

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

Designated Centre 6 is comprised of four houses located in housing estates across West Dublin. It provides full-time residential care in a community setting, and can accommodate up to 12 adults, with intellectual disabilities. The centre is staffed by care assistants, social care workers, nurses, and day service team members, all of who are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 10 February 2022	09:10hrs to 17:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask and maintained physical distancing as much as possible during interactions with residents and staff.

The designated centre comprised four houses located in county Dublin. The houses were conveniently close to local amenities such as public transport, cafés, pubs, and shops. During the course of the inspection, the inspector visited three of the houses and met with several residents. The inspector did not enter the fourth house as it was undergoing renovation works and the residents there were temporarily residing in alternative accommodation until the works were completed.

The first house visited consisted of two semi-detached houses that had been converted into one house. The inspector met with six residents and two staff members. One resident chose to speak with the inspector. The resident informed the inspector that they moved into the house six months ago. The resident said they were happy in the centre and liked all of the staff, although at times missed their old home and housemates. The resident told the inspector about their plans to decorate their bedroom and get new furniture. The resident appeared very comfortable in the house and accompanied the inspector on a walk around of the house. Another resident did not verbally communicate with the inspector, however showed the inspector some of their family photos and pointed out areas of the house that required renovation.

In the second house, the inspector met two residents. The residents were supported by a day service staff member in their home as access to day services was curtailed due to the COVID-19 pandemic. One resident chose to speak with the inspector and said that they were keen to go back to day services. The resident informed the inspector that they had been living in the centre for several years and liked it there, commenting that it was 'lovely and peaceful'. The resident said that they got on well with their housemate and all of the staff. The resident knew who the person in charge was, and said that they would talk to any of the staff if they had any problems or concerns. The resident also advised the inspector that they knew what to do in the event of a fire and had participated in fire drills.

In the the third house, the inspector met four residents and briefly spoke with two of them as the other residents were busy coming home from their day activities. One resident advised the inspector that they had been gardening in a day service and that they enjoyed the work there. Another resident told the inspector about an upcoming day trip that they were looking forward to.

The inspector met several members of staff working in the centre. The inspector observed all staff members wearing personal protective equipment (PPE), however, some staff were not wearing the correct PPE in line with public health guidance. The inspector observed the interactions between staff members and residents to be very respectful and familiar, and residents appeared very relaxed and comfortable in staff

presence. In the first house, the staff member spoken with described the quality of care provided to residents as very good, and also explained to the inspector the safeguarding arrangements and procedures. In the second house, the staff member advised the inspector on the meaningful activities that the residents were supported to engage in such as painting, games, and baking. The staff member also explained the content of some of the residents' personal plans such as a behaviour support plan and a safeguarding plan. In the third house, a staff member described how some of the infection prevention and control precautions are implemented in the house.

From what the inspector was told by residents and staff, and from what the inspector observed, it appeared that residents had active lives and were supported in line with their personal plans and preferences. However, some of the premises were not appropriate to residents' needs and to address this matter the provider was undertaking renovations across the centre, and developing transition plans for some residents to move to alternative centres that could better meet their needs. In addition to premises issues found during the inspection, there were significant risks due to the poor infection prevention precautions and fire containment measures that are discussed further in the report.

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

Capacity and capability

The centre was last inspected in June 2021, and levels of non-compliance were found across a number of regulations. In response to the poor inspection findings, the provider submitted a compliance plan, setting out the actions they would implement to address the findings. The purpose of this follow-up inspection was to assess the provider's and the person in charge's progress in implementing the actions.

The inspector met with the person in charge, person participating in management, and Director of Care during the inspection. The inspector found that improvements and progress had been made on the compliance plan actions, and this is reflected in the findings of this report. The improvements included:

- A new person in charge had recently commenced and was based in the centre full-time. The person in charge mostly maintained office hours, enabling them to fulfil the duties of their role.
- A nurse was working in the centre who had associated responsibilities for residents' healthcare plans. A community liaison nurse and mental health intellectual disability liaison nurse had also been recruited by the provider to provide services across the provider's centres.

- A social care worker had commenced working in the centre, and there was ongoing recruitment for additional social care workers to enhance the skill-mix in the centre.
- To promote improvement and oversight of the centre, actions from audits were captured on a compliance tracker, and there was systems for the escalation of significant concerns such as weekly care management team meetings.
- The risk management processes had improved and risk assessments were actively reviewed by the person in charge.
- Other improvements were found under the protection of residents, positive behaviour support, and complaints.

Despite the progress described above, some actions and in particular those under 'Regulation 17: Premises' had not been completed. However, renovations had taken place in one of the houses and were underway in another house. There were plans to undertake extensive renovations in the final two houses in the coming weeks.

The provider had implemented governance and management arrangements for the oversight and monitoring of the quality of care and support provided to residents to ensure that it was appropriate to their needs. There was a clearly defined management structure. The person in charge reported to a newly appointed person participating in management (PPIM). The PPIM was supported in their role by a Director of Care. The person in charge and PPIM had a good understanding of the residents' needs and associated supports. There were good structures for communication between the person in charge, PPIM and director, such as scheduled management meetings.

To monitor the quality and safety of service in the centre, the provider had implemented systems such as annual reviews, six-monthly unannounced audits, and other audits. Corresponding actions for improvement were reflected on a compliance tracker and monitored by the person in charge for implementation and review.

The person in charge maintained a planned and actual roster, and provided formal and informal supervision to staff. There were also monthly staff meetings to promote effective communication within the team. The staff complement consisted of nurses, social care workers, and primarily care assistants. There were vacant social care workers posts which the provider was actively recruiting for. The person in charge informed the inspector that the potential negative impact on residents caused by the vacant shifts was mitigated as much as possible, through the availability of a student social care worker, flexibility of staff, forward planning, and the use of regular relief staff. Occasionally the person in charge covered shifts when staff were sick and cover could not be found.

The person in charge maintained records of staff training. The inspector reviewed the training records for staff in the first house with the person in charge, and found some staff members required training in the safeguarding of residents, hand hygiene and management of aggression.

The inspector found that improvements had been made under 'Regulation 34: Complaints' since the last inspection. The person in charge had discussed complaints at staff meetings to enhance staff understanding and was planning to maintain complaints as a standard agenda item at meetings. A complaints log was in place to record complaints. The inspector found that a recent complaint was resolved to the satisfaction of the complainant.

Regulation 15: Staffing

The registered provider had ensured that the staff skill-mix in the centre was appropriate to the needs of the residents. A nurse and social care workers had commenced working in the centre since the last inspection, and they had associated responsibilities. However, there remained social care worker post vacancies. The provider was actively recruiting for the vacancies, and the person in charge was endeavouring to minimise the potential impacts of the vacancies on residents.

The staff members spoken with were found to have a good understanding of the assessed needs of the residents and the supports in place for them.

The person in charge maintained a planned and actual roster showing the staff on duty.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised and supported in their roles. The person in charge provided informal and formal supervision on a regular basis. The person in charge was new to their role and was supported by a person participating in management.

To support staff to deliver care in line with evidence-based practice, a training programme was available to them. The person in charge maintained records of staff training, and had highlighted with staff where outstanding training was required. The inspector reviewed a sample of staff training and found a small amount of training was required:

- two staff required training in management of aggression
- two staff required training in hand hygiene
- one staff required training in safeguarding of residents

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider and person in charge had implemented actions since the previous inspection to improve the governance and management of the centre. There was a clearly defined management structure that included a newly appointed person in charge and person participating in management (PPIM) of the centre. There was also a Director of Care with associated responsibilities for the oversight of the centre. There were good arrangements for effective communication between the management team such as regular and scheduled meetings. The inspector found that the person in charge and PPIM had a good understanding of the residents' needs and associated supports.

To ensure that the centre was effectively monitored, the provider had implemented arrangements such as annual reviews and six-monthly unannounced audits. The person in charge monitored the actions for improvement identified from audits through a compliance tracker to ensure that actions were implemented and reviewed.

The provider had implemented effective arrangements for staff to raise concerns such as supervision and team meetings.

The provider had resourced the centre with a staff skill-mix for the effective delivery of care and support, and efforts had been made to recruit vacant positions. The provider had made progress on its compliance plan, however, further progress was required particularly in relation to the premises. To address the premises issues, the provider had undertaken extensive renovation works across the centre to ensure it better met the residents' needs, the work had commenced and was due to be completed in the coming weeks.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had developed a policy on the management of complaints, and had ensured that there was an effective complaints procedure.

The person in charge was promoting staff awareness of the complaints procedure by discussing complaints at staff meetings. There was also accessible information on complaints available to residents to support them in understanding complaints.

The person in charge maintained records of complaints made and the actions taken to resolve them. The inspector found that a recent complaint was resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The registered provider had implemented systems to ensure that the care and support provided to residents was effective, and that residents had a good quality of life. The inspector found that improvements had been made in a number of areas such as healthcare and protection since the last inspection. However, improvements were still required, particularly in relation to the premises, fire safety, and infection prevention measures.

In the first house some areas such as the small sitting room were nicely decorated and furnished however, overall the house was not kept in a good state of repair or cleanliness. The front driveway was damaged and presented a trip hazard. Painting was needed internally and externally. Areas of the house including a fridge, a vent, and chairs were dirty, and some ceilings, cupboards, and parts of the flooring were damaged.

The second house also required attention albeit not to the same extent as the first house. In the kitchen, the ceiling was damaged, the fire door was chipped, and the counter did not meet the tiles on the wall. Some skirting boards and the floor was damaged, and the bathroom required cleaning.

The third house had been renovated since the previous inspection, and was generally in a good state of repair and cleanliness.

Mould and mildew was observed in all three houses. In the first house, it was a particularly prominent on the wall and window in one of the bathrooms causing a strong malodour and unpleasant space for residents to use.

The fourth location could not be visited due to ongoing renovation works. Further renovations were planned to take place in two other locations in the coming weeks.

The provider had implemented precautions to reduce the risk of infection to residents however, improvements were required to the infection prevention and control (IPC) practices and premises to ensure that the precautions were effective. The provider had developed IPC policies and procedures that were readily available to staff. There was also public health guidance for staff to refer to, and COVID-19 and IPC matters were regularly discussed at staff meetings. Risk assessments had been completed to assess the risk posed by COVID-19 and associated measures were identified. COVID-19 contingency plans and work safely plans were in place, and a COVID-19 quality improvement plan had been completed to assess the COVID-19 measures. There was an adequate supply of personal protective equipment (PPE) however, not all staff members were wearing PPE in line with public health guidance.

There were arrangements for the identification and assessment of hazards and associated risks in the centre. The person in charge had reviewed all risks assessments in the centre, and the inspector reviewed a sample of them. They were found to have been up to date and risk rated appropriately.

There were arrangements to manage the risk of fire in the centre, however the fire containment measures required improvement. The inspector observed that some fire doors did not close fully when released, not all fire doors were fitted with self-closing devices, one fire door was wedged open, and some bedroom doors had glass panels above them which the provider could not verify as being fire resistant. The absence of fire doors in high risk areas in one house also required further consideration by the provider.

There was fire detection and fighting equipment in all houses. The inspector reviewed the servicing records of a sample of fire blankets, extinguishers, and alarm panels, and found that they had been serviced regularly. The inspector also reviewed the staff fire check records in one house and found them to be complete.

The inspector reviewed one fire evacuation plan and seven personal evacuations plans, the plans were up to date and guided staff on the evacuation procedures. Fire drills were completed in all houses, and included drills at times when there was reduced staffing. Due to the changing needs of residents in one house, the person in charge had completed a risk assessment and escalated a concern to senior management and the provider's fire safety officer about the fire evacuation measures. Additional controls were put in place to reduce the risk relating to the concern.

The inspector reviewed a sample of residents' individualised assessments and personal plans. Individual assessments were up to date and informed corresponding care plans that were reviewed on a regular basis. However, a small number of personal plans required review and update. Residents had access to multi-disciplinary services such as dietitian services, occupational therapy and liaison nursing. There was also a full-time nurse assigned to the centre with responsibility for overseeing the residents' healthcare needs and corresponding plans.

Some of the residents' needs had changed in recent times and the level of support required by them increased. The provider had identified that the centre would not be appropriate to meet the long-term needs of these residents, and had begun transition planning for them to move to more appropriate accommodation.

The inspector reviewed residents' behaviour support plans. The plans had been recently reviewed and were available to guide staff practice on the supports required by residents. However, an action committed to by the provider in their compliance plan in relation to positive behaviour support training had not been achieved.

There were adequate measures, underpinned by comprehensive policies and procedures, to safeguarding residents from abuse. There was also information for residents on safeguarding. Safeguarding concerns were reported and acted upon. Safeguarding plans were developed and reviewed as required. In one house, old

safeguarding plans were observed to be stored along with active plans, this practice required review as it presented a risk that staff may refer to an older plan instead of a current plan.

Regulation 17: Premises

Despite the ongoing and planned renovation works taking place in the centre, on the day of inspection, it was found that the registered provider had not ensured that all of the premises comprised in the centre were clean or kept in a good state of repair.

The first house required renovation throughout such as painting internally and externally, and repairs to damaged ceilings, cupboards, blinds, and flooring. An exposed pipe in a shower also required appropriate attention. In addition, deep cleaning was required throughout.

In the second house, the kitchen ceiling was damaged and the counter top did not meet the tiles on the wall. Some skirting boards were damaged, and painting was required throughout the house. In one of the bedrooms, the flooring was uneven, and in another some of the storage units were damaged and the flooring required attention.

The third house had been renovated since the previous inspection, and was generally in a good state of repair and cleanliness. The house was warm, bright, spacious and nicely decorated. The renovations had included a new kitchen, bathrooms, flooring, and furniture, and enhancements to the back garden. Some attention was required to the paintwork in the main bathroom as it was damaged due to exposure to moisture.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and escalation of risks that presented in the centre. There were general and individual risk assessments completed, and the person in charge had reviewed all of them to ensure they were up to date with the corresponding controls in place. A risk audit had also been completed in November 2021, and had identified actions for improvement. The inspector reviewed a sample of the risk assessments, and found them to have been up to date and risk rated appropriately.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented precautions to reduce the risk of infection to residents such as the completion of risk assessments, COVID-19 plans and procedures, staff training, availability of public health guidance, and the use of personal protective equipment (PPE). However, improvements were required to the infection prevention and control (IPC) practices and premises to ensure that the precautions were effective and that IPC risks were mitigated.

While the provider had ensured that staff had access to PPE and guidance on the use of PPE, the inspector observed some staff wearing PPE that was not in line with public health guidance.

The premises as discussed under regulation 17, were not maintained to a good state of repair or cleanliness and presented an infection risk to residents.

In the first house, there was mould observed in two bathrooms. In one bathroom, it was particularly prominent and presented a strong malodour. Bathroom flooring and tiles were damaged in places, and therefore could not be cleaned properly. The vent in one bathroom were dirty. In one resident's bedrooms, there was thick mould observed around the window frame, and the radiator cover could not be cleaned properly as it was damaged. In the kitchen, a window sill and some of the dining chairs were dirty. One of the large fridges was dirty inside and contained expired food.

In the bathroom of the second house, there was rust on a radiator that could not be properly cleaned, and the shower required cleaning. In the third house, there was mould around the window frame in one bedroom, the staff room, and one of the bathrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector was not assured that the provider had implemented effective fire containment measures as across all three houses, issues were identified. In the first house the fire door connecting both kitchen dining areas was wedged open. The person in charge informed the inspector that a resident continually wedges the door open, however, despite this knowledge appropriate action had not been taken to mitigate this practice. In addition, in the first and second house, there were glass panes above the fire doors of some bedrooms, and the provider could not provide assurances to the inspector on the day that the glass panes had been verified as been fire resistant. In the third house, two bedroom fire doors did not close fully when they were released. The ground floor containment measures also required

consideration as the door between the utility room and the kitchen, and the door between the kitchen and dining / office area were not fire doors. Overall, the registered provider had not demonstrated that the fire containment measures were effectively reviewed.

There was fire detection and fighting equipment in all houses. The inspector reviewed the servicing records of a sample of fire blankets, extinguishers, and alarm panels, and found that they had been serviced regularly. The inspector also reviewed the staff fire check records in one house and found them to be complete.

The inspector reviewed seven personal evacuations plans, the plans were up to date and guided staff on the supports that residents required in the event of an evacuation. The inspector also reviewed the fire evacuation plan specific to one house, it had been recently updated by the person in charge. Staff had also completed training in fire safety.

Fire drills were completed in all houses, and included drills at times when there was reduced staffing. Due to the changing needs of the residents in one house, the person in charge had completed a risk assessment and escalated a concern to senior management and the provider's fire safety officer that there would be challenges for one staff member to evacuate all residents in a timely manner. Control measures had been put in place such as the development and sharing of easy-to-read information on fire evacuation with residents to enhance their understanding, the availability of support from other locations, and the installation of thumb locks at exit doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the person in charge had ensured that comprehensive assessments had been carried out on residents' health, personal and social care needs. The assessments were up to date and informed the development of corresponding care plans. The care plans were reviewed on a regular basis and were mostly up to date including all of the feeding, eating, drinking and swallow plans that the inspector viewed. However, a small number of personal plans required review or update, such as a 'low sodium' care plan as some of the interventions outlined were no longer in use.

Some of the residents' needs had changed in recent times. The provider had identified that the centre would not be appropriate to meet the long-term needs of these residents, and had started transition plans for them to move to another centre. The residents were aware of the proposed plans, and some had the opportunity to visit their potential new home.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for the residents.

Residents had access to multi-disciplinary and allied health professional services such as dietitian services, occupational therapy, and liaison nursing. There was also a full-time nurse assigned to the centre with responsibilities to oversee the residents' healthcare plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge informed that inspector that there was no restrictive practices implemented in the centre, and none were observed by the inspector during the inspection.

Behaviour support plans were developed for residents where required. The plans viewed by the inspector had been recently reviewed. The plans guided staff in supporting residents to manage their behaviours.

The provider had not completed an action submitted in their compliance plan, for staff to receive specialised training.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented measures to protect residents from abuse, which were underpinned by comprehensive safeguarding policies and procedures. Staff were also required to complete training in safeguarding to be able to recognise and respond to safeguarding concerns.

Safeguarding concerns that presented in the centre were reported and acted upon. There were two active safeguarding plans that were available for staff to follow, and the inspector found that staff members spoken with were knowledgeable on the content of the plans.

There was information available to residents to develop their understanding of safeguarding and protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 6 OSV-0005831

Inspection ID: MON-0034230

Date of inspection: 10/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider was actively recruiting for the remained social care worker post vacancies and we have ongoing interviews are held weekly and planned inductions are scheduled every 2 weeks.</p>	
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: PIC is working closely with Learning and Development team to ensure that identified outstanding staff training required are completed in a timely manner.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The first house' renovation work is due for completion on 05.04.2022. Painting internally and externally has been done, and repairs to damaged ceilings has been completed, cupboards, blinds, and flooring have been replaced. Exposed pipe in a shower has been fixed. Deep cleaning is scheduled before the service users returns.</p>	

In the second house, the following work required in the kitchen ceiling, counter top, damaged skirting boards and painting throughout the house has been addressed to Tech Services and home improvement team. Tech Services has also been requested to look into fixing the bedrooms' flooring and replacing damaged storage units. Deep Clean for this house has been requested from the Household team.

The third house, has been renovated and the outstanding paintwork in the main bathroom has been addressed to the Tech Services department and home improvement team.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

IPC Audit has been recently completed in the designated centre and action plans are in place to ensure that IPC risks are mitigated. A robust cleaning schedule has been in place to ensure all areas are cleaned routinely. The Person in Charge has linked with Learning and Development team to provide an in-house Basic Food Hygiene training to staff to promote safe handling and storing of food and to prevent cross infection.

Wearing PPE in line with public health guidance has been addressed to all homes to ensure that the precautions were effective and that IPC risks were mitigated. The Person in Charge and programme managers' continues to monitor this through spot checks, discussion on handover and team meetings.

Environment factors has impacted Infection Prevention Control in the first home and this has been resolved through home improvement work currently done and is due for completion on 05.04.2022

The rust on a radiator has been addressed to Tech Services for painting in the second home.

In the third house, Deep Clean has been requested to clean the mould around the window frame in one bedroom, the staff room, and one of the bathrooms.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: In the first house, the self-closing device has been fitted in the fire door connecting both kitchen dining areas.

Fire proof glass certificates from manufacturer has been provided and filed in the first and second house. In the third house, two bedroom fire doors that did not close fully

when they were released has been fixed. Fire Safety action plan in place for to review the ground floor containment measures considering as the door between the utility room and the kitchen, and the door between the kitchen and dining / office area were fire doors are required.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The identified number of personal plans that required review or update during the inspection has been updated and personal plans that are no longer in use were archived.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person in Charge are working closely with Learning and Devloment and Behaviour Support specialits to priorotise and provide staff with Positive Behavioiur Support Training.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2022
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	31/07/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/07/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/07/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2022
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.	Not Compliant	Orange	31/07/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/07/2022

	reviewing fire precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/07/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/07/2022