



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelville Home
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	13 January 2022
Centre ID:	OSV-0001820
Fieldwork ID:	MON-0031189

## About the designated centre

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

This service is provided in a purpose built single storey property located in a large rural village. A maximum of ten residents can be accommodated; each resident has their own bedroom and share communal, dining and sanitary facilities. The facility comprises of 10 single bedrooms, one of which has an en-suite. There is a bathroom and a shower room, a laundry room, a staff toilet and two staff offices. There is a large kitchen / dining room, a prayer room, a sitting room, a utility room and two storerooms. There are front and rear gardens that are well maintained and wheelchair accessible. The provider describes the service as suited to residents who require a retirement or pre-retirement service; residents who require full-time support and care and who are unable to attend additional / external day services due to health needs. Full-time residential services are provided and the staff team is comprised of nursing staff and care assistants led by the person in charge; 24 hour nursing care is provided.

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

Number of residents on the date of inspection:	9
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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 13 January 2022	09:00hrs to 17:30hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector reviewed requested documentation in a small office located in the designated centre. The inspector met with two of the residents individually and observed other residents in small groups. Social distancing was observed and discussion with residents was limited to periods of time under 15 minutes. The inspector wore a face mask and undertook standard infection prevention precautions. Residents and staff were observed to be adhering to current public health guidelines. All staff were observed to be wearing filtering face piece masks (FFP2) as well as wearing plastic aprons and head coverings when attending to resident's food. The inspector met with and spoke with the person in charge, a clinical nurse manager and four support staff, on duty on the day.

Some residents were anxious to meet with the inspector and one resident was very excited. The relationship between residents and staff was observed to be warm, friendly and respectful. Both residents and staff were seen to be relaxed and the general environment was peaceful. The physical environment was observed to be homely, clean, warm and well maintained. One resident said that they liked having a lit fire in the sitting room.

One resident showed the inspector their home and particularly their bedroom. This resident stated they were happy living in the house and they liked their bedroom. This resident explained that they had previously lived at home until the death of their parents. They believed that coming to live in the designated centre was the right choice for them and they stated that it was a good place to live in. This resident was very matter of fact regarding their parents passing and explained how staff supported them to attend their parents grave. They said that the designated centre was now their family and home. This resident did not wish to attend day services but enjoyed doing small chores around the house and supporting their peers. Pride of place in the residents bedroom was a new television that they had received for Christmas. This resident spoke of current events that they had seen on the news and related that they enjoyed certain programmes on daytime television. Photographs and personal items were on display in their bedroom which was clean and homely. Some residents had photograph albums of themselves and their family and friends that were shown to the inspector. This resident said they liked going out in the community for a spin. This resident said that staff supported them to go to major towns and cities to buy clothes and jewellery and that they hoped to holiday in a hotel when the pandemic allowed. The resident was able to indicate to the inspector who resided in each bedroom and knocked on the doors before entering.

Minor decorative works were required to paintwork in some areas of the house and the kitchen cupboards were to be repainted as planned maintenance. This was on foot of an inspection and report from an environmental health officer and the person in charge had an action plan in place.

When the inspector was walking around the premises, another resident invited the inspector to talk with them. The resident was very interested in food and mealtimes. This resident said they enjoyed the food they received and was able to indicate that they had choice and preference when it came to dining. This resident said that they liked to go for a spin with their peers and their record of activities reflected that a social drive had occurred on average once every three days. The resident said that sometimes they would get out of the vehicle and sometimes not. Most of these social drives were in the company of a number of other peers.

The inspector noted that the external areas and gardens were maintained to a good standard. Minor maintenance issues had been reported to the maintenance department by the person in charge and awaited redress. Residents indicated that they missed accessing the community due to COVID-19 restrictions. Residents reflected that they felt very well supported and cared for by staff and that they enjoyed living in the service.

Both residents stated they felt safe in the service. Documents reviewed indicated that residents were consulted in the running of the designated centre and that their views were both respected and upheld at resident's meeting. Family contacts were recorded by staff and these records reflected positively on both the service and staff.

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 to each resident living in the centre.

## Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the resident's needs. Staff and management had actively addressed regulatory areas of substantial and non compliance noted on the previous inspection in July 2020. Residents appeared and stated that they were happy and well supported. The focus of support was primarily for residents in retirement in a homely environment. Residents had meaningful engagement with their families but access to the local community was not always person centred.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. A senior manager was in place as the person in charge and was employed in a full-time capacity. This was for a specific period of time until a staff member returned from statutory leave. The Health Information and Quality Authority (HIQA) had been informed of this planned absence. This person was due to resume the role of person in charge in March 2022. As the senior manager had responsibility for other service areas, the registered provider had also appointed a clinical nurse manager to provide direct management oversight within

the designated centre. This staff member was employed full-time in the designated centre and provided direct support to residents and staff as part of the weekly roster. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that internal activities were facilitated in the absence of structured day services and consistent with resident's retirement status and wishes. The registered provider used agency staff and relief staff to maintain the weekly roster. Agency staff were consistently employed and demonstrated good knowledge of the residents, who knew them by name. The staff rosters were well maintained and reflected the staff on duty and was consistent with the registered provider's statement of purpose. One vacancy for a staff member working in catering was the subject of a recruitment campaign. This impacted the preparation of meals for one half of the week. The registered provider had put in place the delivery of prepared meals until the vacancy was filled. Residents and families had been consulted on the temporary change. The Residents said that they felt safe and well supported by staff in general and during the pandemic.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was not significantly impacted by COVID-19 restrictions. The training matrix records of 22 staff were reviewed. 13% of staff required refresher training for fire and safety. The person in charge had already requested training dates for the staff in question. All staff had current training in relation to safeguarding vulnerable adults. Staff training records demonstrated training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Hand hygiene was audited by different team members on a monthly basis. Staff had also undertaken additional training to meet the assessed needs of the residents. This training included first aid, manual handling, food safety and medicines management.

The person in charge provided formal supervision to the clinical nurse manager who in turn provided supervision to the other members of the staff team. Six monthly unannounced audits had been conducted and the most recent audit had occurred in November 2021. The annual review of the service for 2021 was awaited. Residents were involved in the records of previous annual reviews and their representatives input was sought. Areas for improvement had been clearly identified through the audit process. These areas were actioned and completed by the person in charge. Risk assessments, fire and safety concerns and general maintenance had all been addressed since the previous inspection. The inspector reviewed records of staff meetings and family meetings. Staff meetings reflected a comprehensive agenda of items for discussion. These related to the current pandemic and resident's safety.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated on the day of inspection reflecting minor amendments. The certificate of registration was clearly displayed in the designated centre hallway.

The directory of residents was maintained and all relevant information was current. Details pertaining to a deceased resident was addressed on the day by the person in charge.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy-to-read format in the designated centre. The information was clear on how an appeals process could be accessed. Complaints were reviewed at all levels of management within the registered provider's organisation.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector had identified notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider and all residents the subject of incidents had received appropriate care and interventions.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood.

#### Regulation 14: Persons in charge

The registered provider ensured that a suitably qualified and experienced person was appointed in a full-time capacity to manage the designated centre. This person was well supported by senior managers in the discharging of their role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had in place appropriately qualified and experienced staff to meet the assessed needs of residents with the exception of a vacant post for a catering staff member that was the subject of a recruitment campaign. This vacancy was unfilled at the time of inspection.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development



The person in charge ensured that all staff had access to appropriate mandatory training.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge ensured that an accurate directory of residents was maintained and in date.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had in place a current contract of residency reflecting clearly the terms and conditions.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose with all the required schedule 1 information.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the regulatory specified time frame of three days.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

### Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere. Residents had defined goals that were subject to review by a designated key worker.

Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents' physical and mental health. Changes noted in relation to resident's health were supported by relevant follow-up and appropriate requests for assessments. Residents had access to a general practitioner of choice. Each resident had a current risk assessment in place in relation to COVID-19. The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. All restrictive practices had been subject to review by the multidisciplinary team in November 2021. Positive behaviour support plans were subject to review by staff and files reviewed demonstrated that the plans were up-to-date. Psychology services had been engaged to assist identified residents since the previous inspection. Appropriate safeguarding plans had also been implemented and records reflected communication across the team in adhering to the safeguarding plans. Medicines were securely stored in the staff office and keys maintained on the person of the nurse in charge. Staff transcribed medicines kardexes in line with the registered providers transcribing policy.

All personal care planning documentation was readily accessible and maintained in good order. A multidisciplinary review of care plans had taken place in 2021 of previously identified goals relevant to each resident. These plans reflected the

restrictions required by public health guidelines while affording residents the opportunity to set and achieve goals. A sample of three residents files were reviewed by the inspector. Less one-to-one activities in the community were occurring despite all residents having been fully vaccinated. Many activities were house based which reflected residents retirement status but some residents said that a social drive didn't always involve leaving the vehicle. This indicated that residents did not always have the freedom to exercise the right to choose.

Resident's indicated that they liked the food and that they were given a choice of foods. Food was freshly prepared on site and staff were adhering to recommendations of a recent environmental health inspection and report. Takeout food was sometimes ordered. Minor works were required in the kitchen and food preparation areas to improve the quality of work surfaces and cupboard doors. The person in charge had requested these work from the registered provider's maintenance department.

The registered provider had an outbreak management plan specific to COVID-19. Isolation plans were also in place if required. Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. All PPE supplies were audited weekly. There was a recorded cleaning schedule maintained for frequently touched areas and the designated centre was observed to be clean. Day and night staff had specific cleaning regimes. Staff recorded and maintained a record of residents, staff and visitors temperatures. The person in charge had completed a self assessment questionnaire in January 2022 to determine the readiness of the service to deal with an outbreak of COVID-19. There had been no confirmed cases of COVID-19 for residents in the designated centre. Staff cases had made a full recovery. Improvements to address possible identified shortcomings were risk assessed and included in the registered providers risk register. The quality of some surfaces was impacting on the level of cleanliness that could be achieved which was not consistent with infection control prevention standards. Guidelines issued to the registered provider by the Health Protection and Surveillance Centre was dated November 2021 and not the most recent version of January 2022. The registered provider did have plans to make good the surfaces, as well as replace some furnishings that were subject to significant wear and tear. Additional practices in the designated centre were implemented and audited to prevent the risk of other healthcare infections. These include running taps weekly to reduce the risk of legionella and the auditing of mattresses for cleanliness and fabric integrity. There was a peer audit process in place to measure the level of staff compliance with good hand hygiene practices. Different staff members undertook to perform this audit monthly.

The designed centres risk register had been recently updated in December 2021. The fire and safety systems in place were of good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation

times were clearly recorded. A recent fire drill had recorded a protracted evacuation time. The person in charge clarified that staff had fully dressed residents for the purpose of evacuation and this had added to the time taken to evacuate the premises. On further examination, the inspector noted inconsistencies between the registered providers fire evacuation plan, fire evacuation procedure and the controls assigned to fire and safety in the registered providers risk register. The person in charge undertook to immediately rectify all areas of ambiguity and addressed the documentary issues. The person in charge also conducted a fire evacuation drill within 48 hours of the inspection and provided confirmation to the inspector that residents could be safely evacuated. The revisions and changes were communicated to all staff. Personal emergency evacuation plans for residents who no longer resided in the designated centre, were still maintained by staff. The person in charge undertook to ensure that these plans only related to current residents.

The premises on the day of inspection was maintained to a good standard. Repairs and painting were required, however, all repairs were of a minor nature and did not impact on resident's quality of life. Rooms were bright and homely. The cupboards in the kitchen required new door surfaces and this matter was in hand. Residents had direct control over their own possessions and there was space to store personal items.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to a communal television as well as television within their own bedrooms. Residents had access to telephones within the designated centre. Each residents' communication passport was part of their overall individual care plan. There was easy to read information, notices and photographs throughout the designated centre. Residents had utilised virtual forums to meet and make contact with peers, friends and family. All communication with family members was logged by staff.

### Regulation 13: General welfare and development

The registered provider ensured that each resident was provided with appropriate care and support based on residents assessed needs. Residents had access and opportunity to avail of activities and particular interests.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the designated centre was designed and laid out to meet the assessed needs of residents. Minor internal repairs were required to make good surfaces that had been subject to normal wear and tear. This included

painting of some walls in communal areas and counter tops and door finishes in the kitchen area.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents had access to a choice of foods that were wholesome and nutritious.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider maintained a residents' guide that was up-to-date and easy to read information was on display throughout the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines, however the registered providers needed to address minor repairs and make good surfaces. These were required to achieve regulatory compliance with infection prevention standards.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing and administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review.

Judgment: Compliant

## Regulation 6: Health care

The registered provider ensured that each resident had an appropriate healthcare plan in place.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

## Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that residents participated and consented to their support and care, however residents did not always have the freedom to exercise choice and control over their daily life when availing of group outings to the community.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant



# Compliance Plan for Hazelville Home OSV-0001820

Inspection ID: MON-0031189

Date of inspection: 13/01/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The registered provider has in place appropriately qualified and experienced staff to meet the assessed needs of residents with the exception of a vacant post for a catering staff member, this is the subject of a recruitment campaign. This impacts the preparation of meals for one half of the week. The registered provider has put in place the delivery of prepared meals until the vacancy is filled. Residents and families have been consulted on the change. A candidate attended for and was successful at interview on January 11th 2022 however the candidate has withdrawn from the recruitment process. The post was re-advertised on January 28th 2022 there are seven shortlisted candidates for interview on March 3rd 2022.</p> <p>Since inspection one staff member who required training for fire and safety attended on February 14th 2022. The person in charge has requested training dates for the remaining two staff in question.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The registered provider ensures that the designated centre is designed and laid out to meet the assessed needs of residents. Repairs and painting are required, however, all repairs are of a minor nature and do not impact on resident’s quality of life. Minor works are required in the kitchen and food preparation areas to improve the quality of work surfaces and cupboard doors. Minor decorative works are required to paintwork in some areas of the house. A Maintenance Requisition form was resubmitted to the Maintenance Manager on February 5th 2022. The registered provider does have plans to make good</p>	

the surfaces, as well as replace some furnishings that are subject to significant wear and tear. Some of this work has commenced since February 6th 2022.

Regulation 27: Protection against infection

Substantially Compliant

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

The registered provider ensures that the residents are protected from healthcare infections by adopting procedures consistent with current public health guidelines, the registered providers are addressing minor repairs and reviewing surfaces. A Maintenance Requisition form has been resubmitted to the Maintenance Manager on February 5th 2022. Repairs and painting are required, however, all repairs are of a minor nature and do not impact on resident's quality of life. Minor internal repairs are required to make good surfaces that had been subject to normal wear and tear. This includes painting of some walls in communal areas and counter tops and door finishes in the kitchen area. The registered provider does have plans to make good the surfaces, as well as replace some furnishings that are subject to significant wear and tear. Some of this work commenced on February 6th 2022.

The most recent version of Guidelines issued to the registered provider by the Health Protection and Surveillance Centre are present in the Designated Centre since February 7th 2022.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The registered provider ensures that residents participate and consent to their support and care. The resident's meeting agenda has a section "The residents agenda/Discussions" where staff ask residents if they would like to do anything in particular and individual residents regularly voice their preferences.

Each resident is being supported to avail of regular meaningful one-to-one person centred community based activities. Programme for same has been discussed and devised. This also includes residents considering the option of planning nights away when the pandemic allows. This will support residents freedom to exercise the right to choice and control over their daily life.

## 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	30/04/2022
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	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/03/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	28/02/2022