



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

Issued by the Chief Inspector

Name of designated centre:	Homevale
Name of provider:	RehabCare
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	24 November 2021
Centre ID:	OSV-0002681
Fieldwork ID:	MON-0026976

About the designated centre

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

Homevale Services provides a supported accommodation service to four adults with a disability. Residents have a primary diagnosis of a mild intellectual disability as well as additional needs such as a physical and sensory disability, mental health needs and communication difficulties. The centre comprises of a two-storey, four bedded house in an urban residential area close to a range of amenities and public transport. Residents at Homevale services are supported by a staff team which includes both social and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 November 2021	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

On arrival at the centre staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

The inspector had the opportunity to speak with all four residents who lived in the house. It was clear from what residents said, from what the inspector observed and from a review of documentation that residents had a good quality of life, had choices in their daily lives, actively partook in activities that they enjoyed and were very involved in the local community.

On the morning of inspection, some residents were having breakfast, some were getting ready to go to day services, one resident was going to a scheduled health care appointment while others were relaxing in the sitting room or still in bed.

Residents spoken with told the inspector how they liked living in the house and how they had been living together for many years. Residents knew one another very well and stated that they had a good relationship with one another and were comfortable in each others company. There were photographs displayed of all four residents attending and enjoying outings together and they mentioned how they were looking forward to going out together for a Christmas meal.

The centre was a detached, two storey house located in a residential area in the city suburbs. The house was generally well maintained, comfortable, warm, visibly clean and decorated and furnished in a homely style. Staff on duty informed the inspector that some refurbishment and redecoration was planned to take place including upgrading of the kitchen floor and repainting of walls. Each resident had their own bedroom with en suite shower and toilet facilities. Residents were happy to show the inspector their bedrooms which were furnished and decorated to their personal tastes and styles. There was a separate sitting room, kitchen dining room, spacious bathroom with a specialised bath and a separate small room which residents could use to receive visitors in private should they wish. The ground floor area had been suitably adapted to facilitate residents with mobility issues be independent in opening doors and appropriate grab-rails, handrails and ramps were provided. There was an accessible garden area to the rear of the house which could be easily accessed from the kitchen area. There was a large paved patio area with dining table and chairs, lawn and a variety of plants and shrubs. There was a covered smoking shelter provided in the garden area which was used by residents who smoked. The refuse bins were stored in the rear garden area. One of the residents told the inspector how they took responsibility for putting out the bins for collection and bringing them back in after collection.

Residents told the inspector how they loved living in the area and found it to be very convenient as it was close to a range of shops, the pharmacy, post office, church, library, hotels, restaurants and bus stop. Residents described how they enjoyed

using these local facilities and amenities, getting the daily papers from the local shop, attending weekly mass, going out for meals in local hotels and restaurants, visiting the library, collecting their medicines from the local pharmacy, going for regular walks in the locality and using public transport regularly to attend appointments, go on day trips and visit family and friends.

The inspector noted that staff knew the residents well. Most staff members had been working in the centre for several years. Residents told the inspector that they had good relationships with staff and got on well together. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests.

Residents discussed how their lives had been impacted by the COVID-19 pandemic but were happy that many of the restrictions had now been lifted. While some of the residents had returned to attending day services for some days during the week, a community support worker was still available to provide them with additional day time activity support and residents were very pleased about this. Some residents mentioned how they missed not attending their work as a volunteer as it was still suspended due to the pandemic. Some residents had postponed going on trips and holidays until next year in the hope that the pandemic would be over.

The inspector observed that the rights of residents were respected and promoted by staff. Residents told the inspector that they had their own keys to the house and to their individual bedrooms. They were supported to leave the house at their own discretion while having regard to letting staff know of their plans. A resident told the inspector what they most liked about living in the house was that they could do their own thing and come and go as they pleased. Residents were registered to vote and residents had voted locally in past elections. Residents could access religious services of their choice and some residents told the inspector that they went to a local church service on a weekly basis. Residents had access to advocacy services, the inspector noted that the contact details of the advocacy officer were clearly displayed. Regular house meetings took place where residents could express their views or raise issues of concern. There was evidence that issues raised by residents in the past had been appropriately addressed to the satisfaction of residents.

Residents mentioned how they liked to be independent but that they could ask staff for support with any tasks. They told the inspector how they liked to do their own laundry, tidy and clean their own bedrooms, collect and manage and their own medicines, decide on the weekly shopping list and menus, assist with grocery shopping and the preparation and cooking of meals.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre had now resumed and was being facilitated in line with national guidance. There was a comfortable space provided for residents to meet with visitors in private if they wished. All residents regularly visited their friends and family members. Some residents told the inspector how they went home at weekends and some mentioned how they independently used public transport to visit family members. Residents mentioned how they were

looking forward to spending Christmas with their families.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and happy living in the centre. It was evident that residents had a good quality of life, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This was an announced inspection, it was carried out following receipt of an application to the chief Inspector to renew registration of the centre and to monitor compliance with the regulations.

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

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary qualifications to carry out the role. The person in charge was supported in their role by the regional operating officer. The inspector did not meet with the person in charge as they were on leave on the day of inspection. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern. Residents were aware of the three week rolling staff roster pattern and knew what staff to expect on duty. The staff roster was also displayed on a kitchen wall chart so that residents could be reminded or check as to which staff were on duty.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various

aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up-to-date. All policies had been signed by staff to acknowledge that they had read and understood them.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review from September 2020 to October 2021 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed, for example, the floor to the kitchen was due to be upgraded. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, staff training and supervision were completed. Records reviewed indicated a high level of compliance with audits. The results of audits were discussed with staff and residents in order to share learning.

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

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed. The complaints procedure was available in each residents file and had been discussed with them. All complaints were logged and reviewed by the team leader and person in charge. Complaints were a standing agenda item and discussed at residents house meetings. There were no open complaints at the time of inspection. Documentation reviewed indicated that all complaints had been investigated and acted upon, however, the complainants satisfaction or not with the outcome was not always recorded.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents and in line with that outlined in the statement of purpose. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management, food safety, nutritional screening, cardiac pulmonary resuscitation, equality and diversity.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service which had been submitted with the application to renew registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration was found to contain all the requirements as set out under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

While all complaints had been investigated and acted upon, the complainants satisfaction or not with the outcome was not always recorded.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a safe and person-centred service. Each resident's well-being was promoted, independence and community

involvement was encouraged. Some improvements were required to upgrading some surface finishes and enhancing some aspects of infection prevention and control. The risk register required updating to include a risk identified on the day of inspection and a fire drill simulating a night time scenario was required.

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

The inspector was satisfied that the health care needs of residents were assessed, comprehensive and person centered care plans were in place for all identified needs. Residents had access to General Practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. A review of residents files indicated that residents had been regularly reviewed by the dietitian, occupational therapist, psychologist, dentist, optician and a referral had recently been made to the speech and language therapist. Residents had also been supported to avail of the national health screening programme. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided. Residents were encouraged to take responsibility for their own medications following on-going risk assessment and competency assessments. Some residents collected their own medicines from the pharmacist while others were supported to collect same.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local area and nearby city. While some of the residents mainly used public transport, the centre also had its own dedicated vehicle, which could be used for residents' outings or activities. Some residents had resumed attending day services on some days during the week, one resident attended weekly outings with a local wheelchair organisation. Residents were also supported by the community support worker who had been appointed to the centre to support residents' activity choices during the day. During the inspection residents spent time going places that they enjoyed, attending day services, going to the local shop, going for walks in the local area, and also spent time relaxing in the house, reading the daily newspaper, watching television, playing word games on their hand held android tablets and completing household tasks.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style, however, some parts of the centre particularly the wooden floor surfaces in the kitchen were worn and some parts of the kitchen counter tops were also worn and defective. The team leader on duty advised that works to address these issues was planned as funding had recently been approved.

While there were systems in place to control the spread of infection in the centre, some surface finishes required upgrading and some practices required review in order to enhance control measures in place. There was guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. There was a cleaning checklist in place and the building was found to be visibly clean. However, the worn floor and worktop surfaces could not be effectively cleaned and were a barrier to effective infection prevention and control. The location of some equipment used to store food such as the chest freezer and refrigerator in the utility room required review in order to prevent risk of cross contamination of food products. Systems in place for the laundering of soiled floor mop heads also required review. At the time of the inspection mop heads were being washed along with kitchen dish clothes contrary to good practice in infection prevention and control.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak , emergency plan and individual personal emergency evacuation plans for each resident. While there was a detailed risk register in place and there were systems in place to review and update the risk register, the risks associated with residents who smoked had not been included.

Staff and residents demonstrated good fire safety awareness and all had completed recent fire safety training. The fire equipment, fire alarm and emergency lighting had been recently serviced. Fire exits were observed to be free of obstructions. Regular fire drills had been completed involving staff and residents simulating both day and evening time scenarios. However, there was no recent fire drill of a night time scenario when there was one staff on duty. The bedroom numbers on the floor plan of the building which was located beside the fire alarm panel were not legible. This posed a risk in the event of a fire as it may lead to a delay in staff being able to identify the location of the fire.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal care plans to guide staff. A photograph and the contact details of the designated safeguarding officer was displayed.

Residents' rights were promoted and upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Residents' preferences were identified through the personal planning process, house meetings, and ongoing communication and discussion with residents. All residents in the centre were registered to vote and could practice their their religion as they wished. The privacy and dignity of residents was respected by staff. All residents had their own bedroom and en suite toilet and shower facilities. Residents had their own keys

and could choose to lock their bedrooms if they wished.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs. Suitable arrangements had been made to support residents to continue to take part in activities that they enjoyed within the requirements of public health restrictions.

Judgment: Compliant

Regulation 17: Premises

Some parts of the centre were not maintained in a good state of repair, for example

- The wooden flooring to the kitchen area was badly worn
- Some parts of the wooden counter tops in the kitchen were defective and worn.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk management policy required updating to include the hazard identification, assessment of risk and the measures and actions in place to control the risks in relation to residents who smoked.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A number of barriers to effective infection prevention and control were identified on the day of inspection

- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- The location of some equipment used to store food such as the chest freezer and refrigerator in the utility room required review in order to prevent risk of cross contamination of food products.
- The laundering of soiled floor mop heads also required review. At the time of the inspection mop heads were being washed along with kitchen dish clothes contrary to good practice in infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was no recent fire drill of a night time scenario when there was one staff on duty to provide assurances that residents could be evacuated safely and in a timely manner.

The bedroom numbers on the floor plan of the building which was located beside the fire alarm panel were not legible. This posed a risk in the event of a fire as it may lead to a delay in staff being able to identify the location of the fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. There was evidence of referral and access to services such as occupational therapy (OT), dietitian, psychology, optician and dentist. Residents were supported to access vaccination programmes and national screening programmes.

Judgment: Compliant

Regulation 8: Protection

At the time of the inspection, there were no safeguarding concerns at the centre. However, clear safeguarding measures were in place and staff were knowledgeable on how to report incidents of possible abuse in line with the provider's policies and had received up-to-date training on the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Homevale OSV-0002681

Inspection ID: MON-0026976

Date of inspection: 24/11/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Person in charge and team leader have reviewed and resolution details ensuring that the complainant is satisfied with the outcome will be documented on all complaints going forward. • This will be monitored as part of the monthly service audit to ensure that the provider's complaint's process is fully implemented. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Kitchen floor will be replaced by 28/02/22. • The kitchen counter tops to be replaced by 28/02/22. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

- A full review of risk management including hazard identification, assessment of risk and controls in place will be completed by the person in charge by 31/12/21.
- The PIC will share learning from outcomes of the above exercise with the team at the January team meeting. This will be completed by 31/01/2022.
- A risk assessment is now in place, completed on 02/12/21 with respect to resident smoking. All staff were informed of the risk assessment and associated control measures on 09/12/2021.

Regulation 27: Protection against infection	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 27: Protection against infection:
- Freezer and fridge to be moved to the kitchen by 28/02/22.
 - The Kitchen floor will be replaced by 28/02/22.
 - The kitchen counter tops to be replaced by 28/02/22.
 - Mop are no longer washed with other items this is in place since 03/12/22.

Regulation 28: Fire precautions	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- Night time fire drill will be completed by 10/12/21.
 - Floor plans will be updated to include clearly marked fire zones by 10/12/21.

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	28/02/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	09/12/2021

	includes the following: the measures and actions in place to control the risks identified.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/12/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of	Substantially Compliant	Yellow	08/12/2021

	any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
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