Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	An Tra
Name of provider:	Avista CLG
Address of centre:	Dublin 3
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0007899
Fieldwork ID:	MON-0034261

About the designated centre

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

An Trá provides residential care for up to four adult residents with an intellectual disability. The centre is a six bedroom semi-detached bungalow situated in a coastal suburb on the North side of Dublin. There is a cobble locked garden in front of the house and a spacious garden enveloping the house. Each resident has their own bedroom, all of which have an en suite bathroom. There is also a lounge, kitchen, dining room, a small sitting room and two bathrooms. The house is close to a number of local amenities such as a local park, a promenade, coffee shops, restaurants, churches and shops. Residents have access to a bus to support them to access their local community. Residents are supported by registered nurses and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 9 February 2022	09:30hrs to 15:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was undertaken to monitor regulatory compliance. As the inspection took place during the COVID-19 pandemic, the inspector followed public health guidance throughout the day. This house opened in 2020 and this was the centre's second inspection. The centre is a large five bedroomed bungalow in a coastal suburb in Dublin. The house comprises four resident bedrooms which are all en suite and a staff bedroom/ office area. There is a large accessible bathroom, a sitting room, a quiet room and a kitchen/ dining area. There is a patio and paved garden to the side of the house. The centre is near to many local amenities and transport links. Residents also have access to a vehicle in the centre. The residents had transferred to the house from a large 21 bedded residential centre where they had lived for twenty two years. Since the last inspection, an additional resident had moved into the house.

The inspector met with all four residents during the day. The centre had recently had an outbreak of COVID-19 and residents were restricting their movements on the day of the inspection. On arrival to the centre, all of the residents were in bed. They were supported with their care routines later in the morning in line with their preferences.The first resident whom the inspector met was sitting in the dining room watching their favourite movie while a staff member was preparing lunch. They greeted the inspector briefly. They were observed to be very content and well presented, with their make up and jewellery on. They told the inspector what movie that they were watching and asked about their sister coming to see them. The second resident was seated in the dining room having finished their breakfast. This resident communicated through body language, facial expressions and some gestures. They appeared to be content and responded to familiar staff interactions.

The inspector met with another resident who was going out with a staff member to recycle bottles which had become one of their jobs for the house. Later in the afternoon, the inspector met with the fourth resident. They were enjoying television in the sitting room. Upon seeing the person in charge they indicated that they wished to have a drink. This was a familiar interaction which they appeared to enjoy. They were noted to use gestures and their facial expression to communicate. All of the residents were well presented and appeared comfortable in their new home.

Upon speaking with the person in charge and the staff, it was evident that the move to a smaller setting had very positive outcomes for the residents. They were able to chose when they ate their meals, planned what their menu was and dictated their own daily routines. One resident no longer required a positive behaviour support plan due to becoming settled and content. Some behaviours that other residents would have historically presented with had reduced significantly. Each of the residents' rooms were tastefully decorated with their personal effects and family photographs on display. The person in charge reported that they were in the process of supporting residents to choose colours for their rooms and other parts of

the house to further personalise the space. Staff and the person in charge described their plans for residents to discover and become involved in their new community such as joining in park runs, joining local senior citizens groups and attending the local church. Community mapping exercises and activity sampling was being done by staff members to explore and expand on residents' known interests. Some of this work had been curtailed by the government restrictions but was re-starting again.

A weekly residents meeting was held which had a standing agenda including choosing meals for the week, planning activities and some educational component such as hand hygiene or fire safety. Photographs were taken at these meetings in lieu of some of the minutes which was more accessible to the residents. Staff had made a significant effort to develop a visual menu using photographs of the actual meals which staff prepared to make it meaningful for residents.

Residents' privacy and dignity was noted to be of high importance in the centre. All of the residents' care plans were written in person-first language and consent was sought for different aspects of care such as personal care routines. During the inspection staff were noted to knock on doors and seek a reply before entering residents' spaces. Interactions with staff were noted to be kind and respectful.

Residents were supported to maintain contact with their family members. The person in charge and staff spoke about plans to host families for a barbecue in the summer months. A record of family contact was held on residents' files. Residents had 'I-pad' meetings over zoom which supported residents learn about how to use their tablets. Residents were supported to take photographs and videos and send them to their families using their tablets which was reportedly working well.

From observations, communication with the residents and reviewing documentation, the inspector found that residents were well supported in their new home. They received support from familiar staff and appeared to be enjoying a good quality of life. However, some areas were identified as requiring improvement such as fire precautions, premises, governance and management and protection against infection. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The provider had systems in place to oversee the quality of care and support for residents living in the designated centre. The management structure clearly identified the lines of reporting and accountability. There were emergency governance arrangements in place. The provider had carried out an annual review in line with regulatory requirements and this had included consultation with residents and their families. Feedback was positive with families reporting they were happy with the care of their relative. There was evidence of actions being progressed.

However, only one six monthly unannounced visit had taken place since the centre had opened.

The person in charge had recently returned to their post following a period of leave. They had a number of systems in place to ensure good oversight of the centre. They were supported in day-to- day management of the centre by two staff nurses. The person in charge had oversight over two other designated centres and split their time evenly between centres. Audits were carried out in areas such as medication , incident and accidents, finances, health and safety and infection prevention and control. Actions were clearly identified and documented with dates for completion and persons responsible. This ensured that actions were tracked and completed in order to improve the quality of the service on an ongoing basis.The person in charge attended management meetings every two weeks which were with other persons in charge in the organisation. They had a number of methods of communicating key information with staff such as the daily safety pause at the start of each shift, staff meetings which took place monthly and a communication book. There were clear shift planners in place to ensure a consistent approach was taken daily by all staff.

The provider had resourced the centre with an appropriate number of staff who had the required skills to support the residents. There were two vacancies at the time of inspection which the provider was actively recruiting for. In order to ensure residents had continuity of care, there were a small number of agency and relief staff used. A review of rosters from the previous month indicated that there was a small pool of staff being used each week. There was an induction pack for agency or relief staff to ensure all relevant information relating to the designated centre and the residents was shared and understood prior to doing a shift.

The person in charge had carried out a training needs analysis for the centre based upon the needs of the residents. The staff training matrix indicated that all staff had completed mandatory training in line with this analysis. Supervision had improved since the last inspection with all staff receiving supervision from the person in charge on a quarterly basis. The person in charge received supervision every six weeks. Performance management conversations were held on an annual basis. Staff on duty reported feeling well supported in their roles.

The inspector reviewed incident, accident and near miss records from the previous year. These indicated that the Chief Inspector had been notified of any required incidents in line with the regulations.

The provider had a complaints policy in place and an easy to read version was available for residents. Complaints were discussed at residents meetings to ensure that residents knew how to make a complaint. There had been no complaints in the centre since it opened. However, there was a clear procedure in place to be followed to ensure all complaints were appropriately documented and investigated.

Regulation 14: Persons in charge

The provider had employed a suitably qualified and experienced person in charge. They worked in a full-time capacity and had oversight of two other designated centres. The person in charge was very knowledgeable about the needs of the residents. They were supported in their role by two staff nurses.

Judgment: Compliant

Regulation 15: Staffing

The provider had resourced the centre with an appropriate level of staff who had the required skills to support each resident. Although there were vacancies in the centre, these shifts were filled by regular agency or relief staff in order to promote continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training in areas such as fire safety, safeguarding, managing behaviours of concern and food safety. They had also completed a number of courses in areas related to infection prevention and control. Regular supervision with the person in charge took place and there were performance management conversations held on an annual basis.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear reporting structures in place. Day -to -day oversight of the centre was achieved by the person in charge through being on site weekly, regular audits, reviewing action plans and regular communication with the staff team. There were two identified staff nurses who supported them in their role. The provider had carried out an annual review of the centre in line with regulatory requirements. However, only one six monthly unannounced visit had taken place since the centre opened.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Based on the incident and accident log, the inspector found that the provider had notified the Office of the Chief Inspector of any incidents required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place and a clear procedure for staff to follow upon receipt of a complaint. The provider had a complaints policy in place and an easy to read version was available for residents. Complaints were discussed at residents meetings to ensure that residents knew how to make a complaint. There had been no complaints in the centre since it opened. However, there was a clear procedure in place to be followed to ensure all complaints were appropriately documented and investigated.

Judgment: Compliant

Quality and safety

The inspector found that residents in this centre were supported to have a good quality of life. There had been clear positive outcomes for residents since moving to their new home. While the care and support residents received were found to be of a good standard, fire safety, premises and infection prevention and control required improvement.

Each resident had an annual review of their needs and this informed their individual care plans and their person-centred plans. Plans were developed in consultation with residents and their key workers, family members and relevant members of the multidisciplinary team. Residents had monthly meetings with their key workers to progress their goals. Person-centred plans were held on residents' files and had photographs of each resident engaging in their local community and working towards their goals. The staff were undertaking community mapping exercises to ensure that residents became more familiar with their locality in addition to mapping out which premises were physically accessible for these residents. Decision making capacity assessments were carried out in relation to different aspects of care such as managing finances, managing medication and gaining consent for carrying out personal care. Where appropriate, family were also consulted with.

Residents were supported to have best possible health in this centre. The residents now attended a local GP who had visited them in the house where it was appropriate to do so. A number of health and social care professionals informed care plans such as speech and language therapists, occupational therapists, dietitians, physiotherapists and psychology. Notes were made of each appointment attended. Residents were supported to access national screening programmes such as BreastCheck and their choice to de-consent was respected and clearly documented. Medication reviews took place with the GP every six months

Residents were found to be protected from abuse in the centre. The provider had a number of policies in place to ensure staff were aware of and followed national policy in relation to safeguarding. The inspector reviewed one safeguarding incident which had taken place and found that it was appropriately reported, documented and investigated. A sample of intimate care plans found them to be very detailed. They were written in person first language and gave staff clear guidance on what support was required for each care need to ensure residents' right to privacy and dignity was upheld. Finances were also well protected through use of audits and regular checks some of which were carried out by staff who did not work in the designated centre which gave additional assurance. Safeguarding was discussed with residents at their meetings and was a standing agenda on staff meetings. This ensured that safeguarding was regularly discussed in an open forum.

The inspector viewed a sample of residents' transition plans. These were highly detailed and accessible documents. They included a social story for residents with clear pictures of each step of their transition journey to the centre. It was evident that this had been done in a incremental manner with residents to give them time to become accustomed to the house, their house mates and their new bedrooms.

Overall, the premises was found to be in a good state of repair and well suited to the residents and their current needs. It was warm and well ventilated and had a lot of natural light flooding in the windows of all of the rooms. Each of the residents had their own bedroom which had an en suite bathroom. In addition to this, there was a large accessible bathroom with a shower available to use. Plans were in place to support residents to choose their own colours for their bedroom walls. The person in charge told the inspector that they were planning to get raised planters for the garden for residents to enjoy. Although the house was relatively large, there was very little storage space available for items such as wheelchairs and hoists. This meant that they had to be stored on the corridors which were fire evacuation routes. One resident required use of a level shower in the large accessible bathroom. Upon entering this bathroom, the inspector noted there to be a box of clothing, a weighing scales, PPE and some other items stored there. This had been identified on the provider's six monthly unannounced visit in October but was yet to be actioned.

There were appropriate systems in place to identify, assess and manage risks in the centre both at individual and centre level. The provider's policy met regulatory requirements. Risk assessments at both centre and individual level were regularly reviewed. There was a safety statement in place and regular health and safety audits occured. Any incidents and accidents were documented and reported in line

with the provider's policy. Learning from any adverse events was achieved through information sharing at staff meetings and the provider's safety pause which took place with staff each morning.

The provider had a number of committees and teams in place to provide governance and management to centres in relation to COVID-19. Regional Covid meetings and local outbreak meetings took place regularly. On arrival to the centre the inspector found that there were appropriate measures in place to screen visitors for any symptoms of COVID-19. Staff and residents took their temperature twice daily and these were logged. The centre had recently had an outbreak of COVID-19 and were in the process of documenting learning which had taken place in managing this outbreak. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and reviewed on a quarterly basis. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. Staff were trained in environmental and terminal cleaning. There was a cleaning schedule in place which outlined tasks to be done at different intervals daily, weekly and monthly. The centre had an equipment cleaning log in place for items such as the hoist. Cleaning of these items took place every fortnight. This required review.The person in charge had a COVID-19 folder for staff to ensure they had up to date information and guidance on the management of COVID-19, contingency planning, policies and procedures. In the centre, rust was noted on both shower chairs. There was a large amount of equipment such as a weighing scales, a hoist and a box of clothing along with PPE supplies stored in a bathroom which was in use by a resident. This posed a risk of infection transmission.

On arrival to the centre, the inspector noted fire doors wedged open in two areas. This was immediately actioned by the person in charge on the day of inspection. The provider had fire detection systems in place. Emergency lighting and fire fighting equipment were in the centre and regularly checked and serviced. Fire orders were displayed in prominent locations. There was an oxygen cylinder in storage in the staff bedroom and the provider had signage on the door to indicate that it was on display there. Drills took place by day and night and were found to be well documented and use different fire scenarios to ensure staff and residents were clear on fire evacuation procedures. Recommendations from drills were discussed at staff meetings and safety pauses. Residents had personal emergency evacuation plans in place. It was evident that the person in charge and staff were supporting residents to learn about the steps involved in a fire drill and had developed visual supports for one resident to understand the process and a script to use for another resident to ensure they left the building in a timely manner.

Regulation 17: Premises

Overall, the premises was found to be in a good state of repair and well suited to the residents and their current and future needs. All of the rooms had an en suite

bathroom and in addition to this, there was a large accessible bathroom with a shower available to use. Although the house was relatively large, there was very little storage space available for items such as wheelchairs and hoists. This meant that they had to be stored on the corridors which were fire evacuation routes. Upon entering the large bathroom where one resident showered, the inspector noted there to be a box of clothing, a weighing scales, PPE, a hoist and some other items stored there. This had been identified on the provider's six monthly unannounced visit in October but was yet to be actioned

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector viewed a sample of residents' transition plans. These were highly detailed and accessible documents. They included a social story for residents with clear pictures of each step of their transition journey to the centre. It was evident that this had been done in a incremental manner with residents to give them time to become accustomed to the house, their house mates and their new bedrooms.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to identify, assess and manage risks in the centre both at individual and centre level. The provider's policy met regulatory requirements. Risk assessments at both centre and individual level were regularly reviewed. There was a safety statement in place and regular health and safety audits occured. Any incidents and accidents were documented and reported in line with the provider's policy. Learning from any adverse events was achieved through information sharing at staff meetings and the provider's safety pause which took place with staff each morning.

Judgment: Compliant

Regulation 27: Protection against infection

On arrival to the centre the inspector found that there were appropriate measures in place to screen visitors for any symptoms of COVID-19. Staff and residents took their temperature twice daily and these were logged. The centre had recently had an outbreak of COVID-19 and were in the process of documenting learning which

had taken place in managing this outbreak.Staff were trained in environmental and terminal cleaning. There was a cleaning schedule in place which outlined tasks to be done at different intervals daily, weekly and monthly. The centre had an equipment cleaning log in place for items such as the hoist. Cleaning of these items took place every fortnight. This required review. In the centre, rust was noted on both shower chairs. There was a large amount of equipment such as a weighing scales, a hoist and a box of clothing along with PPE supplies stored in a bathroom which was in use by a resident. This posed a risk of infection transmission.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On arrival to the centre, the inspector noted fire doors wedged open in two areas. This was immediately actioned by the person in charge on the day of inspection. The provider had fire detection systems in place. Emergency lighting and fire fighting equipment were in the centre and regularly checked and serviced. Fire orders were displayed in prominent locations. Drills took place by day and night and were found to be well documented and use different fire scenarios to ensure staff and residents were clear on fire evacuation procedures.Recommendations from drills were discussed at staff meetings and safety pauses.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an annual review of their needs and this informed their individual care plans and their person-centred plans. Plans were developed in consultation with residents and their key workers, family members and relevant members of the multidisciplinary team. Person-centred plans were held on residents' files and had photographs of each resident engaging in their local community and working towards their goals. The staff were undertaking community mapping exercises to ensure that residents became more familiar with their locality in addition to mapping out which premises were physically accessible for these residents. Decision making capacity assessments were carried out in relation to different aspects of care such as managing finances, managing medication and gaining consent for carrying out personal care. Where appropriate, family were also consulted with.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have best possible health in this centre. The residents now attended a local GP who had visited them in the house where it was appropriate to do so. A number of health and social care professionals informed care plans such as speech and language therapists, occupational therapists, dietitians, physiotherapists and psychology. Notes were made of each appointment attended. Residents were supported to access national screening programmes such as BreastCheck and their choice to de-consent was respected and clearly documented. Medication reviews took place with the GP every six months

Judgment: Compliant

Regulation 8: Protection

Residents were found to be well protected from abuse in the centre. The provider had a number of policies in place to ensure staff were aware of and followed national policy in relation to safeguarding. The inspector reviewed one safeguarding incident which had taken place and found that it was appropriately reported, documented and investigated. A sample of intimate care plans found them to be very detailed. They were written in person first language and gave staff clear guidance on what support was required for each care need. There was a consent form for carrying out personal care and where appropriate, these had been discussed with family members. Finances were also well protected through use of audits and regular checks. Financial audits were carried out by staff who did not work in the centre. Safeguarding was discussed with residents at their meetings and was a standing agenda on staff meetings. This ensured that safeguarding was regularly discussed in an open forum.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for An Tra OSV-0007899

Inspection ID: MON-0034261

Date of inspection: 09/02/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Nominee Provider unannounced visits to the designated centre will be carried out once every 6 months. A written report on the safety and quality of care and support provided in the centre will be prepared and discussed with PIC. The PIC will action any findings.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: External additional storage to be sourced for the garden area outside. Storage solutions for all equipment will be reviewed and suitable storage arrangements will be implemented.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Infection control has been reviewed and all storage of unnecessary items in the	

bathroom have been removed. Storage solutions for all equipment will be reviewed and suitable storage arrangements will be implemented.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door wedges removed. All staff informed re the misuse of same. The risk was escalated to the director of Quality and Risk and internal correspondence has been communicated to all areas in relation to the risk re use of door wedges. Alternative door closures (maglocks) will be sourced.

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/12/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/08/2022

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022