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

Issued by the Chief Inspector

Name of designated centre:	DC8
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0003788
Fieldwork ID:	MON-0035699

About the designated centre

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

St John of God Kildare Services DC 8 is a large single story building that has been renovated to provide care for up to 14 residents, on its' own site on the outskirts of a large town in Co. Kildare. The centre is divided into three apartments supporting both males and females who present with physical and intellectual disabilities. In addition, seven placements are dedicated to residents with a diagnosis of dementia. These residents have identified clinical supports, for example, psychiatry and psychology input available to them through the clinical team. Residents are supported by nursing staff, health care assistants and social care workers. Residents have access to a large sensory garden on its grounds as well as a partially covered courtyard. The centre is accessible to local towns, shopping, public transport and community facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 7 April 2022	09:58hrs to 16:15hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The centre comprises a large single-storey building subdivided into three apartments, joined by interlinking corridors which had undergone significant renovation four years previously. Two apartments were opened in 2018 and 2019 to provide specific residential supports to residents with both an intellectual disability and a diagnosis of dementia. There were seven rooms available for residents with a diagnosis of dementia. The inspector found that the registered provider had responded to their residents ageing demographic within the wider organisation by establishing a specialised service that allowed residents to remain in their community. This was further enhanced by the presence of some staff that were familiar to residents and also, the ability for staff to transfer with residents for a short period of time to assist in the settling in period. The third apartment had a capacity for seven residents who had lived in the centre prior to the reconfiguration of the centre.

Since the previous inspection, the provision of dedicated dementia services to residents had also been enhanced with the appointment of a clinical nurse specialist in care of the older person. The inspector found there was a good understanding of each resident, their needs, choices and required supports. This was based on staff knowledge, formal assessments of residents' needs and regular review by the multi-disciplinary team of the effectiveness of the support provided to each resident.

Most of the residents the inspector met with and greeted during the inspection were unable to verbally communicate their feedback about the service. The inspector, therefore, carried out observations of the residents' daily routines. Overall, it was observed and noted that residents received a high standard of care and support from staff in the centre. However, access to community-based activities and opportunities was limited, as discussed further in the report. It was observed and acknowledged, that staff were actively trying to find ways to make residents' lives and their home as pleasant and stimulating as possible.

The inspector visited the dementia specialised apartments and met with all seven residents briefly. Residents were observed to be resting in their rooms, being supported to have a drink, watching television, using a computer tablet and engaging in tabletop interactive games.

Each resident had their own individual bedroom, three of which were seen by the inspector, which offered residents suitable space and sufficient storage for personal belongings. It was noted that such bedrooms had been personalised to reflect residents' individual interests. For example, one resident's bedroom door had artwork displayed highlighting their favourite football team, while another resident had an interest in music which was evident from the items in their bedroom. The inspector noted that both apartments were modern, clean and warm. Universal design and a dementia-friendly environment were utilised to ensure that the designated centre supported residents' needs. Contrast colours were used to help identify bathrooms and place settings. Clear boxes were installed outside the

bedrooms with photos and objects of reference that were meaningful to that resident to help them identify their room more readily.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids, and overhead tracking hoists were also available. The provider had identified that additional hoisting equipment was required and had begun the process to obtain overhead devices for three bedrooms.

It was also noted some residents living in the designated centre had returned to their day services, which previously was operating from the centre due to the closure of day services during the pandemic. On the day of the inspection, two residents were attending their day service remotely from the centre due to a temporary COVID-19 closure. Throughout the day, the inspector observed staff interactions with the residents were kind and respectful through positive, mindful and caring engagements. Staff were observed to be patient and supportive to residents during the course of the inspection. For example, one resident was supported by staff to deliver supplies around the apartments.

Overall, a high level of compliance was found on this inspection and improvements had been made in a number of areas since the previous inspection. The inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by their limited access to community based activities. Some fire safety issues were also identified during the inspection.

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 the service's quality and safety.

Capacity and capability

This designated centre was previously inspected in March 2021. During the course of that inspection, it was found that improvements were required to ensure that the provider's monitoring mechanisms were effective at self-identifying non-compliance or risk areas. Following that inspection, the provider submitted a compliance plan addressing the areas for improvement. The purpose of this risk-based unannounced inspection was to follow up on the provider's compliance plan to the identified failings. Overall, the inspector found that improvements made to the governance and monitoring systems resulted in greater oversight of the centre and, therefore, increased the provider's ability to respond to concerns within the centre in a timely manner.

Since the March 2021 inspection, there had been a change of person in charge, with the person in charge having the necessary skills, experience and qualifications to

perform the role. The person in charge had previously been employed in another area under the provider, and they demonstrated to the inspector how they implemented new systems into the centre. For example, audits to review the quality and safety of the centre and an efficient oversight tracker of review staff training. Although having additional areas of responsibilities, the person in charge was present in the centre regularly and demonstrated a good understanding of the residents' support needs and the centre's operations during this inspection.

The inspector identified there was a responsive workforce in place; however, improvements were required to ensure that there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs, including their activity programmes. Due to the high support and medical needs of many residents, there was a requirement of 2:1 staff assistance and, in some cases, 3:1 support during transfers and to attend to care needs. From a review of house rosters and speaking with staff and management, it was evident that it was difficult to facilitate residents to engage in activities outside of the centre. This was further impacted by a resource limitation on the available drivers and escort staff to accompany residents while going out on the bus.

There was a clear training matrix maintained by the person in charge, which detailed all the required training elements in areas such as fire safety, safeguarding, infection prevention control and dementia care. The person in charge explained that there were gaps in the completion of some refresher training, but the required training sessions had been booked, and dates were available for staff to attend.

Effective management mechanisms were in place to ensure that the service's safety and quality were consistently and properly monitored. The provider was complying with the requirement of the regulations to conduct an annual review of the quality and safety of the service and to undertake six-monthly unannounced audits of the centre. In addition to these structured audits, the inspector found that the provider had additional systems for monitoring both quality and safety; for example, infection control measures were audited, as well as other health and safety systems. The report of the annual review for 2021 was also reviewed by the inspector, who saw that residents and their representatives were invited to contribute and provide feedback, and the feedback was positive.

There was evidence of open communication that supported good governance, such as the meetings that took place between staff, management, and residents. Minutes seen of these meetings demonstrated that relevant information was exchanged, staff and residents were supported to raise queries and concerns about the service and staff advocated for residents. For example, it was seen that a discussion took place at a recent staff meeting on how residents could be facilitated in engaging in more activities by the rescheduling of house tasks to relieve staff to go on outings.

It had been identified on the previous inspection that improvements were required to ensure the effectiveness of the admissions pathway and processes for residents to the dementia-specific apartments to ensure they aligned with the organisation's policies and procedures. The inspector identified this service requirement had been prioritised by the provider and the person in charge to ensure a robust and clear

admission process. One internal transfer had occurred since the previous inspection, and it was evident that the resident had been supported with a clear planned approach to their discharge and admission. Furthermore, all residents had received revised contracts of care with clear fees outlined, as actioned on the previous inspection.

The inspector found evidence of good practice in relation to record-keeping in the centre. All of the information requested by the inspector was made available during the inspection, and action from a previous inspection in relation to record-keeping had been rectified.

Regulation 14: Persons in charge

The person in charge worked closely with staff and residents and clearly was involved in the management of the centre. Throughout the inspection, the inspector had found the person in charge to be very familiar with residents' care and support needs and operations of the centre. In addition, there were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge by three nurse managers.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured that there was both a planned and actual roster maintained. From a review of the roster, it was evident that there was an appropriate skill-mix of staff employed at the centre. Nursing staff supports were reflective of the centre's statement of purpose.

However, these staffing arrangements were insufficient to meet the the social and recreational needs of all residents. There was evidence that staff had raised concerns regarding staff levels at certain times and the need to review the whole time equivalence based on a combined needs assessment.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling.

The person in charge was completing regular reviews of training records and staff training needs and sought further training opportunities if the need arose.

There were some delays for a few staff to complete refresher training in fire safety, dysphagia and manual handling. However, dates were scheduled for completion within the month.

Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) were in place. The required records were retrieved for the inspector with ease; the required information was readily retrieved from the records; the records were well maintained.

Judgment: Compliant

Regulation 23: Governance and management

The provider had conducted an annual review of the centre's quality and safety, and there were provisions in place for unannounced visits to be made on the provider's behalf every six months. Where areas for improvement were found during these audits, plans were put in place to drive progress. A quality improvement plan was used to track this process. The inspector discovered that the centre's monitoring mechanisms ensured that any possible quality or safety threats were escalated to the relevant person or department and that these issues were reacted to and resolved in a timely manner.

A member of the quality and safety team carried out these six-monthly visits on behalf of the provider. The inspector noted that the six-monthly visits and the subsequent report had been enhanced since the previous inspection and were of a high quality. The report outlined a detailed review of the quality and safety of care and support provided to residents in accordance with the regulations. In addition, the reasoning for areas of compliance and improvement were clearly stated. The report featured resident, family, and staff input, as well as prioritised actions as a result of the feedback.

The reviews were centre specific in that they focused on residents and acknowledged particular challenges within the service and the negative impact on

quality and safety. Actions to promote further improvement were identified, progress on the implementation of action plans was monitored, and there was an incremental improvement over the course of audits that had taken place. This finding would concur with the improvement found during this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions policy and procedures in place, and the criteria for admission was outlined in the centre's statement of purpose.

There had been one new admission to the centre since the previous inspection and the inspector found it had occurred in line with the organisations policies and procedures and the centre's statement of purpose. The admission process had been reviewed and strengthened, and it demonstrated that the resident was afforded the opportunity to visit prior to admission and that relevant information was sought as part of the pre-admission process. For instance, the resident's new bedroom had been decorated to resemble the resident's bedroom in their old home to help promote a successful transition. Information regarding the resident's likes and dislikes was gathered, and family involvement was prioritised.

Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents.

Judgment: Compliant

Quality and safety

The inspector found that the improved governance and management arrangements in this centre helped ensure that the quality and safety of care delivered to residents

was regularly assessed and reviewed in order to achieve and maintain consistently high standards. The previous inspection found that residents received a person-centred service and experienced a good quality of life. Still, improvements were required in some areas, including fire safety procedures, infection prevention and control measures, personal possessions and admission processes to ensure resident safety was promoted and protected at all times. The inspector found improvements had been made across all regulations reviewed under quality and safety.

As previously mentioned, the designated centre consisted of a large ground floor building subdivided into three apartments. The inspector observed that further works had been made internally to an older part of the building since the previous inspection. New floors had been installed, and wall surfaces had been revamped, adding to both the overall aesthetic of the building and improving infection, prevention and control measures. For example, wall surfaces now had a wipeable exterior, facilitating more effective cleaning.

The provider had alerted the Chief Inspector in November 2021 and also January 2022, as regulatory required, of adverse events resulting in injury due to the close proximity of heated radiators and pipes to residents. The office of the Chief Inspector issued a provider assurance report requesting the measures taken by the provider to ensure the safety of all residents within the designated centre and similar buildings. The provider had committed to a systematic incident review of the heating structures to prevent and eliminate further injuries. The inspector identified that the actions proposed by the provider had taken place, including an organisational wide incident review and remedial works of covering radiators and pipes and installation of thermostatic valves.

Since the previous inspection, a new approach for assessing the requirements and supports of transitioning residents has been developed in order to better capture the needs and supports required to assist the residents with all aspects of their daily lives. A newly appointed clinical nurse specialist (CNS) of the older person had been employed by the provider as part of their response to increased changing needs and an ageing population within their services. The inspector found there was a collaborative approach between the designated centre and the centre from where the resident had transferred from, to inform a planned discharge and admission. From a review of a sample of the personal plans, the inspector identified that comprehensive support plans had been developed to provide clear and concise guidance to staff to direct care relating to residents' assessed needs with evidence of medical and health allied health professionals such as occupational therapy and physiotherapy.

While present in the centre, it was observed that the centre was provided with fire safety systems, including a fire alarm, emergency lighting, fire extinguishers, fire blankets and fire doors. On the previous inspection, it was noted that the provider was aware that some of the evacuation routes required review due to residents' changing needs. This involved the restructuring of some of the fire doors along the evacuation route to ensure an effective emergency evacuation in the event of a fire. The inspector saw these works had been completed along with new fire doors to allow for bed evacuation from the centre in the event of a fire. However, the

effectiveness of the fire evacuation procedures remained unclear as fire drills in 2021 had not occurred regularly. A stimulated nighttime drill carried out in March 2022 took nine minutes to complete and identified weaknesses of the evacuation procedures. Some actions were actioned following this drill, including reviewing residents' personal emergency evacuation plans (PEEPS) and formed part of the centre's quality improvement plan so the actions could be tracked and monitored. While these were positive steps toward ensuring an effective fire management system, there remained a lack of a concise overall fire action plan that demonstrated the horizontal evacuation procedures and how each PEEP interacted with one another so that staff had clear instructions on how to evacuate residents safely. In addition, the inspector reviewed the fire equipment service records and found that the contractor stated that an annual test of the emergency lights could not be completed due to additional lights required on escape routes. Further assurances were requested as to the action taken to address this deficit, and post-inspection correspondence had been received stating that works would be completed by the provider as identified by the fire servicing contractor.

In addition to supporting needs, it was also noted that active efforts were being made to protect residents from COVID-19 and other healthcare-acquired infections. During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and the use of personal protective equipment (PPE). The centre had two appointed cleaning staff totalling 54 hours per week. The inspector found that the centre was visibly clean, and staff demonstrated good knowledge of the cleaning processes, including deep cleaning and equipment used. Staff and management were able to explain the preventive measures taken in the centre as part of the water management system. The person in charge had good oversight of the infection prevention and control measures in place and promoted areas for improvement through staff meetings and communications.

A contingency plan was also provided for this centre which had been recently reviewed, and provided guidance for how to respond in the event that COVID-19 related concerns arose. Residents and staff were also being monitored for symptoms, although the inspector did not note some inconsistencies in the frequency of staff temperature monitoring. For example, under relevant national guidance, all staff should check their temperatures twice a day, but on records reviewed related to this, some entries were noted where staff had only checked their temperatures once on certain days. On reviewing older entries, staff had been completing twice daily temperatures, but since the recent introduction of a new recording form, it was not clear that temperatures were required twice a day and required review by the provider.

Other documents reviewed during this inspection related to matters of a safeguarding nature. Where any incidents of a safeguarding nature did occur, it was seen that these were investigated appropriately with a safeguarding plan put in place and the appropriate statutory bodies notified. For example, an incident of unexplained bruising had been identified and investigated in line with the provider's policies and national procedure. While the cause of the bruising was unknown, the

person in charge had escalated preventive actions, including a manual handling assessment, assistive equipment and review by the occupational therapist.

Regulation 17: Premises

On the day of inspection, the premises were found to be clean, in good repair, suitably decorated and was designed and laid out to meet the numbers and needs of residents. All residents had their own bedrooms, and there was adequate communal space in each house for social activities, recreation and dining. There were separate large, accessible bath and shower rooms which were appropriate to residents' mobility needs. The inspector was informed that quotes for additional overhead tracking hoists had been sought in line with residents' assessed needs. Suitable laundry and waste disposal facilities were also in place in each apartment. There was a large communal outdoor area to the rear of the centre that was well maintained and accessible to residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with healthcare associated infections. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

It was observed by the inspector that the majority of infection prevention and control practices were being followed in this centre included regular cleaning, staff training and the use of PPE. Staff were also checking their temperatures daily but from records reviewed, it was seen that there was some inconsistencies in this area. Also, during the inspection it was noted that details of a suspected case of COVID-19 had not been provided to HIQA as required. The storage of mobility aids in bathrooms also required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire containment measures in place, and the provider had installed self close devices on doors in required areas, to further improve containment arrangements.

In relation to fire servicing certificates, there was an improvement in the maintenance of these records as actioned on the previous inspection. However, some of these certificates were not available for review by the inspector, and the inspector requested further assurances following the inspection regarding the status of emergency lighting in the centre.

Improvements were required in the area of fire evacuation procedures and the prominent display of these procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had implemented a new pre-admission assessment process for residents prior to them coming to live in the designated centre. This helped to ensure that the centre could meet the resident's needs and that any specialist equipment could be organised prior to their admission.

Following admission the resident underwent a comprehensive nursing and social care assessment that was used to develop their individual care plan. Records showed that residents and their families were involved in developing and reviewing their care plans.

The social and recreation needs of residents required strengthening, however this is addressed under regulation 15: Staffing.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the person in charge and staffs' understanding of national safeguarding vulnerable adults policies and procedures.

Staff members had undergone safeguarding training. Where necessary safeguarding plans were in place and it was seen that these had been recently reviewed. The appropriate bodies were notified where any incidents of a safeguarding nature arose.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for DC8 OSV-0003788

Inspection ID: MON-0035699

Date of inspection: 07/04/2022

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: A review of current staffing in relation to activity programmes will be conducted with the supporting staff, the ADON, Programme Manager and the PIC . An activity schedule will be devised that will take into account the will and preference of the person/s and will include offsite and on-site activities. The PIC will look at the on-site activities currently available and work with the staff team to create further opportunities for activities on site. As part of the review, the transport currently available to the center will be assessed and options will be explored to create further opportunities in the community for activity programmes. The outcomes of the review will be then considered by the PIC and PPIM and any actions will be discussed with the relevant departments or managers in the organization.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A full review will be conducted of all forms used to record daily temperature checks. This will ensure that there are no inconsistencies in this area and that documentation is clear and concise. A designated area will be created in the DC for storage off all mobility aids All suspected or confirmed cases will be notified to HIQA by the person in charge. Sub</p>	

Account users will be added to the DC's portal account to ensure a timely notification of any notifiable event.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A full review of all fire precautions in the designated centre will take place. An initial meeting has been scheduled with the Maintenance Supervisor, the regional Director, CNM2 and the PIC. This meeting is scheduled for the 28/06/2022. This meeting will reviewing all means of escape from the designated centre including emergency lighting, the centres overall fire evacuation plan, horizontal evacuation procedures and how all residents Personal Evacuation Plans interact with each other and the centres evacuation plan. A suitably qualified person will then support the centre in terms of developing a robust and responsive evacuation plan.

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	30/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/06/2022

	infections published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/07/2022
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	30/09/2022
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/09/2022