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Clann Mór 1, OSV-0004928, 19 January 2022

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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:	Clann Mór 1
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0004928
Fieldwork ID:	MON-0030329

About the designated centre

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

Clann Mor Residential 1 comprises of four community based residential homes which are all located some miles from each other but close to small towns in county Meath. The centre supports up to thirteen adult residents both male and female with intellectual disabilities, some of whom live semi independently and others who require staff support on a 24 hours basis. All four properties are currently based on single bedroom occupancy, with access to the normal domestic dwelling facilities typically available in the local community. All houses have access to garden areas for recreation and leisure.The staff team is primarily made up of health care assistants. Community employment workers are also in place who work under the supervision of staff in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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 19 January 2022	10:00hrs to 18:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what the inspector observed, what residents told us and reviewing documentation, it was evident that residents in this centre were supported to have a good quality of life and that the service promoted and supported residents' rights and their independence. The inspector found high levels of compliance on this inspection, the details of which are outlined in the body of the report.

This inspection was an unannounced inspection which took place during the COVID-19 pandemic and as such, the inspector followed public health guidance throughout the day. The centre comprises four houses. At the time of the inspection, there was one vacancy in the centre. Two of the houses share a back garden and are adjoining properties. The third house is located very close by while the other is in a neighbouring town. The inspector visited each of the four houses and met with ten residents and one family member throughout the day.

On arrival to the centre, all of the residents were at their day services. In the afternoon, two residents returned to complete their annual person centred plan reviews. These was being carried out using video conferencing and included residents' family members and staff supporting them in their day services. The inspector heard laughter and chat from the room where this was taking place with staff support. One of the residents told the inspector they mostly liked living in the centre. They reported that the staff were "lovely" and that they could talk to them about any worries or concerns they may have. They showed the inspector the visual staff rota and they were responsible for ensuring the pictures were correct each day. The resident told the inspector that they used a device in their room to call staff immediately if they needed assistance at night time. The inspector spoke with a family member who had attended the centre for an annual review. They reported that the staff were "excellent" and that they knew the resident very well. There was a large back garden to the rear of the property with a bright mural on the back wall, a studio for a resident to do their art in and a nice seating area. This was shared with the second house and it was possible to access the second house through their back door.

In the second house, the inspector briefly met with three residents on their return from their day service. Residents reported that they liked living in the centre and that the staff were "amazing". One of the residents was an artist and brought the inspector to their art studio at the back of the house. They were looking forward to exhibiting their art again once government restrictions reduced. The other residents told the inspector that they were supported to attend appointments and go to their day services by the staff team. They were sitting down to a cup of tea together with staff as the inspector left.

In the third house, the inspector met with two residents who had returned from their day service. The third resident was at work. This house received a low level of support from staff. Residents were independent and walked to and from their day

services each day. They spoke about some difficulties with noise in the area which was followed up with the local council. Both residents told the inspector that they volunteered at a local charity shop which they enjoyed. They spoke about their frustration with some of the COVID-19 restrictions and safety measures taken by the provider, in particular relating to their ability to shop without staff support. This had since been lifted in line with public health guidance. Residents in this house had technology set up which enabled them to make contact with the house nearby in the event of an emergency when staff were not present. Both residents showed the inspector around their home - one of them had a large amount of medals hanging on the wall for mini marathons and the Special Olympics. Each of their rooms were decorated in line with their interests. The residents reported that they were good friends and that they looked out for one another.

In the fourth house, the inspector met with four residents who had returned from their day services later in the day. They were watching television in the sitting room of their home. They appeared to be content and enjoying each others' company. One of the residents showed the inspector their signing skills and spelt out the inspectors name. They spoke with the inspector about their current difficulties and said that they no longer wished to live in the house. The provider was aware of this wish and had a plan in place to support the resident. Three of the residents took the inspector and showed them their bedrooms. Two of the residents told the inspector that the food was good and they liked to live there. Bedrooms were decorated in line with each residents' interests and life histories. There was a homely and friendly atmosphere in the house, with photographs of the residents up on the walls.

In all of the houses, residents had a meeting once a week. This had some standing items on the agenda such as menu planning, activity planning, discussing upcoming events and any house issues. The provider had a resident advocacy forum who could elect a representative to attend the Board of Management meetings. Consultation with residents and families took place trough the providers six monthly and annual reviews. Feedback was largely positive, with the COVID-19 pandemic and associated restrictions being the biggest source of frustration for both residents and their families.

In summary, from what residents communicated and what inspectors observed, it was evident that residents were receiving support from a familiar staff team and generally were enjoying a good quality of life in the centre. Interactions between residents and staff in all of the houses was noted to be kind, friendly and respectful. All residents reported feeling safe, they were well presented and appeared content and comfortable in the company of staff and with one another. 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 good management systems and structures in place to provide adequate oversight of the safety and quality of care in the centre. There was a clear reporting structure in place. Each house had community based support staff and a community facilitator who reported to the team leader who in turn reported to the person in charge. The person in charge was also responsible for another designated centre and held the role of service manager within the organisation. The provider reported that the team leader post would be made a person in charge in the long term. The Board of Directors met with the management team on a monthly basis and had a number of sub-committees for specific aspects of the service such as quality of care and risk management. There were emergency governance arrangements in place. The provider was noted to have made necessary improvements in completing the six monthly and annual reviews in line with the regulations since the last inspection. Consultation with residents and family had now taken place as part of these reviews .Oversight of the service was provided through a number of monthly audits which were undertaken by the team leaders or community facilitators and signed off by the person in charge. Audits took place in healthcare, risk assessments, medication, finances and a number of other areas.

The provider had a number of channels of communication between staff and management in order to ensure that key information was shared in a timely and appropriate manner to inform care and the running of the designated centre. Due to the provider being a small provider with a small management team, real time information was shared each day using a specific application on mobile phones. Formal management meetings were held once a week. Quality of care was reviewed by the management team once a month. Information was shared with staff using email and a monthly communication. Additionally, team meetings were held once every two months and facilitated by the team leader. Meetings had a standing agenda in place. There were appropriate systems in place to ensure staff were supervised and a performance management conversation took place annually with all staff.

The provider had appointed a suitably qualified and experienced person in charge. The person in charge was also the service manager and supervised the team leader. The person in charge worked full time and was responsible for one other designated centre. The person in charge was found to have good management systems in place to ensure day to day oversight of the service and it was evident that they were very well known by the residents, with residents laughing and joking with them. They were noted to be very familiar with residents' assessed needs.

The provider had resourced the centre with an adequate number of staff with the appropriate qualifications and skills to support residents with their assessed needs. A review of the planned and actual rosters indicated that there were no agency staff used and regular staff often filled additional shifts where required. This enabled good continuity of care for residents. In addition to the rostered staff, the centre was supported with additional staff through the local Employment Development Project. This enabled residents to have more staff support and engage in individualised activities of their choosing. Staff with whom the inspector spoke reported that they felt well supported in their roles and that there was enough staff

available to provide a good service. These Community Employment workers were supervised by staff.

The inspector viewed the staff training matrix. This indicated that staff had completed training in mandatory areas such as fire safety, safeguarding, manual handling, first aid and cardiac first response and medication management. They had also completed specific courses relating to residents' assessed needs such as epilepsy, diabetes and positive behaviour support. Staff had also completed a number of training courses in relation to infection prevention and control such as donning and doffing of personal protective equipment (PPE), hand hygiene and respiratory etiquette. All staff attended supervision with the person in charge on a quarterly basis. A sample of staff supervision records indicated that sessions were structured and documentation outlined persons responsible for identified actions.

The provider had a Statement of Purpose which met regulatory requirements, was regularly reviewed and was reflective of the service being provided.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. The person in charge was also a service manager and had oversight of one other designated centre. They were supported in their role by team leaders who in turn were supported by community facilitators.

Judgment: Compliant

Regulation 15: Staffing

The provider had resourced the centre appropriately using staff who had the appropriate qualifications and skills to support the residents with their assessed needs. Rosters indicated that there was no use of agency or relief staff which enabled residents to have good continuity of care. The provider had additional staff resources through a local Community Employment programme.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the staff training matrix. This indicated that staff had completed training in mandatory areas such as fire safety, safeguarding, manual handling, first aid and cardiac first response and medication management. Staff had

completed specific courses to ensure they had the appropriate knowledge and skills to support residents with their assessed needs in areas such as epilepsy, positive behaviour support and diabetes. Additional training had taken place relating to infection prevention and control.

All staff attended supervision with the person in charge on a quarterly basis. A sample of staff supervision records indicated that sessions were structured and documentation outlined persons responsible for identified actions.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good management systems and structures in place to provide adequate oversight of the safety and quality of care in the centre. There was a clear reporting structure in place. The Board of Directors met with the management team on a monthly basis and had a number of sub-committees for specific aspects of the service such as quality of care and risk management. There were emergency governance arrangements in place. The provider was noted to have made necessary improvements in completing the six monthly and annual reviews in line with the regulations. Consultation with residents and family had now taken place as part of these reviews.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a Statement of Purpose which met regulatory requirements, was regularly reviewed and reflective of the service being provided.

Judgment: Compliant

Quality and safety

Residents in all four houses generally reported that they were content in their homes and were found to be receiving good person-centred support to enable them to be independent in their daily lives. However, some improvements were required in premises, documentation of fire drills and in infection prevention and control.

The inspector viewed a sample of files which demonstrated that improvements had

been made in developing and reviewing residents' annual personal plans. Residents had an annual assessment of need completed and corresponding care plans were in place. Person centred plans were completed with residents which identified their goals which they wanted to achieve. These were regularly reviewed by each residents' key worker.It was evident that residents were supported to enjoy best possible health. All residents had access to a GP and were supported, where required to attend appointments. Residents had input from a number of health and social care professionals such as psychology, dietitians, speech and language therapy, occupational therapy and dentistry. Many of these supports were accessed through residents' day services. Residents were accessing National Screening Programmes such as BreastCheck as appropriate. A clear record of any appointments attended was kept. Each health care plan contained information about residents' preferences about their end-of-life care including their preferences relating to resuscitation. This was discussed and documented with residents' consent and families where appropriate. The provider had supported residents who wished to make a will to do so with a local solicitor.

Residents who required positive behaviour support plans had these in place and the inspector noted the language to be person-centred and respectful in these plans. There was clear guidance for staff in how best to support residents requiring additional support. Residents had access to a clinical psychologist once a month. While the levels of restriction in this centre were extremely low, where they were required they were used for the shortest duration possible and clearly documented and reviewed. Staff had done additional training in positive behaviour support.

Residents were found to be safe and well protected in this centre. The provider had a safeguarding policy in place and all staff were trained appropriately. Any safeguarding incidents were found to be appropriately documented, reported, investigated and plans were devised to ensure the safety of all residents. Personal care plans gave clear guidance for staff on the level of support each resident required and these plans were respectful of residents' rights to dignity and bodily integrity. Some of the residents with whom the inspector spoke told them that they felt safe in the centre and that they could speak with staff if they had any concerns. Residents' finances were protected through regular audits. An inventory of residents' personal possessions were kept to ensure their personal belongings were safeguarded and accounted for. Safeguarding was a standing agenda item on residents' meetings.

For the most part, each of the four premises were found to be homely, warm and clean. Each house had facilities for residents to launder their own clothes and residents had ample storage for their belongings. However, some areas in three of the homes required improvement. In the first house, there was a small kitchen area with seating. Some improvements were required such as replacing skirting underneath the cupboards and fixing the gap between the cooker and the wall. In the sitting room was the staff office area. The person in charge reported that this had been discussed with the residents and they were happy for the desk to remain there. Residents also accessed the internet in that space. In the downstairs bathroom, the floor was stained around the sink area and required replacement. The carpet on the stairs was slightly worn. Upstairs, there was a need to replace the

grouting in the shower and paint one of the bedrooms. The residents' bedrooms were decorated in line with their interests and were clean and warm. In the second house, there were beautiful paintings hanging on the wall by one of the residents. This house required some improvements to ensure it maintained its' homely appearance such as repainting some of the doors and walls which had become marked. The vent in the upstairs bathroom had dust or mould in it and there was a build up of lime scale on the shower head. This house had a sharps bin located in the downstairs toilet. It was unclear why this was located there as the resident did not use that space to take their blood sugars. The third house was found to be homely and warm and well suited to the residents' needs. There had been a leak in the ceiling in the bathroom and the roof was stained. Plans were underway to get this painted. There was also a staff workstation located in the kitchen in this house. The fourth house was found to be nicely decorated and well maintained. Two of the residents had their own bathroom. The shared bathroom was very small and residents had to step over the bath to get into the shower. One of the residents had a bath seat to assist them. While this was manageable at the time of inspection, this was to be kept under review. There was a significant amount of signage in two of the houses to remind staff to bring residents' emergency medication with them when leaving the properties. These signs used the residents' initials and in both cases were on the back of the front door and on other doors in the house.The inspector requested them to be removed to maintain the privacy and dignity of these residents. Finally, in order to ensure waste was appropriately managed to minimise the risk of infection, there was a need for pedal bins to be used throughout all houses.

The inspector viewed the centre's risk management policy, safety statement, risk register and incident and accident log. The policy was in date and met regulatory requirements. Health and safety audits were regularly carried out to ensure the ongoing safety of residents, staff and visitors. There were appropriate systems in place to identify, assess and manage risks, both at centre and individual levels. The risk register was reviewed regularly. Adverse incidents were appropriately recorded and it was evident that learning from these events took place.

There were a number of procedures in place for the prevention and control of infection. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and regularly reviewed. 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. There was up to date information available for staff on COVID-19 and the provider regularly sent out communication to staff on COVID-19. Residents took place in weekly training in hand hygiene and respiratory etiquette. Staff had done a number of additional training courses in infection prevention and control. On arrival to each house, the inspector noted appropriate measures for visitors such as a sanitising station, a temperature check and risk transmission forms. There were clear procedures in place in relating to cleaning and disinfection. All staff on the day were noted to be wearing appropriate levels of PPE. Waste was not all managed appropriately with the need for bins to be replaced by pedal bins. Additionally there was a sharps box in a shared toilet area. In light of some areas of the premises requiring maintenance

and cleaning, the risk of infection transmission was raised in these parts of the centre.

The provider had good management systems in place. There were fire detection and containment systems in place in all of the houses along with fire fighting equipment and emergency lighting. The inspector viewed documentation to indicate that this equipment was appropriately checked and maintained. Day and night procedures were clearly documented. All of the residents had personal emergency evacuation plans (PEEPs) in place. The provider carried out a number of fire drills by day and night. However, documentation of drills required improvement. Where there had been an identified issue following a drill being carried out, it was unclear what action was to be taken and by whom. There was not evidence of this information being shared. Different scenarios for drills did not occur to be taking place to ensure that all staff and residents knew what to do in the event of a fire at any time in different parts of their home.

Regulation 17: Premises

As stated in the body of the report, some areas of the premises required improvements such as replacing flooring and skirting, cleaning of a vent and ensuring that signage in relation to residents' medication was removed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector viewed the centre's risk management policy, safety statement, risk register and incident and accident log. The policy was in date and met regulatory requirements. Health and safety audits were regularly carried out to ensure the ongoing safety of residents, staff and visitors. There were appropriate systems in place to identify, assess and manage risks, both at centre and individual levels. The risk register was reviewed regularly. Adverse incidents were appropriately recorded and it was evident that learning from these events took place.

Judgment: Compliant

Regulation 27: Protection against infection

There were a number of procedures in place for the prevention and control of infection. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed

and regularly reviewed. 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. Residents and staff completed training relating to COVID-19 and a number of systems were in place such as regular temperature checks, transmission forms, updated cleaning schedules. However, due to some parts of the centre requiring maintenance work in bathroom areas and kitchen areas, the risk of infection transmission was increased in these areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had appropriate systems in place for the detection and containment of fire. Equipment was regularly checked and serviced. Residents had personal emergency evacuation plans in place. Fire drills demonstrated reasonable egress times but documentation required more detail to ensure that relevant learning/ actions was taken and shared with all relevant staff as appropriate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an annual assessment of need completed and corresponding care plans were in place. Person centred plans were completed with residents which identified their goals which they wanted to achieve. These were regularly reviewed by each residents' key worker.

Judgment: Compliant

Regulation 6: Health care

All residents had access to a GP and were supported, where required to attend appointments. Residents had input from a number of health and social care professionals such as psychology, dietitians, speech and language therapy, occupational therapy and dentistry. Many of these supports were accessed through residents' day services. Residents were accessing National Screening Programmes such as BreastCheck as appropriate. A clear record of any appointments attended was kept. Each health care plan contained information about residents' preferences about their end-of-life care including their preferences relating to resuscitation. This

was discussed and documented with residents' consent and families where appropriate. The provider had supported residents who wished to make a will to do so with a local solicitor.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support plans had these in place and the inspector noted the language to be person -centred and respectful in these plans. Residents had access to a clinical psychologist once a month. While the levels of restriction in this centre were extremely low, where they were required they were used for the shortest duration possible and clearly documented and reviewed. Staff had done additional training in positive behaviour support.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be safe and well protected in this centre. The provider had a safeguarding policy in place and all staff were trained appropriately. Any safeguarding incidents were found to be appropriately documented, reported, investigated and plans devised to ensure the safety of all residents. Personal care plans gave clear guidance for staff on the level of support each resident required and these plans were respectful of residents' rights to dignity and bodily integrity. Some of the residents with whom the inspector spoke told them that they felt safe in the centre and that they could speak with staff if they had any concerns. Residents' finances were protected through regular audits. An inventory of residents' personal possessions were kept to ensure their personal belongings were safeguarded and accounted for. Safeguarding was a standing agenda on residents' meetings.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clann Mór 1 OSV-0004928

Inspection ID: MON-0030329

Date of inspection: 19/01/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Lino to be replaced in downstairs bathroom of 14 WT. Maintenance to seal off gap between cooker and wall tiles in WT5, WT14 and Dunloe. Peddle bins to be supplied in all houses in Clann Mór 1. Carpet to be replaced on stairs of WT14. Signage re medication to be removed from public areas. Vent to be cleaned in WT5.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: As required, maintenance work will be carried out in all kitchen/bathrooms to reduce the risk of infection transmission.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills will be documented in detail. New section added for preparation/scenario and more space for recording details/evacuation/follow up and action. This new template will start at the next quarterly fire drill on 30.03.22.	

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	03/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	03/02/2022
Regulation	The registered	Substantially	Yellow	30/03/2022

28(4)(b)	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.	Compliant		