

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

Issued by the Chief Inspector

Name of designated centre:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	18 June 2024
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0035012

About the designated centre

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

Grange Bective provides support to five residents aged 18 years or older. The centre consists of a two storey, dormer style bungalow, situated outside a large town in County Meath. The centre includes an independent living unit which can accommodate one resident and is connected to the bungalow by a hallway and connecting door. There is a large garden to the back of the property where residents can enjoy sitting out. Residents are supported 24 hours a day, seven days a week by a person in charge, team leaders, and support workers. The person in charge is employed on a full time basis, but is also responsible for another designated centre under this provider. Transport is provided for residents to avail of activities in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 18 June 2024	09:45hrs to 18:45hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were very positive. The inspector found that the residents in this centre received good quality care supported by a staff team that knew them well.

However, some improvements were required in the area of protection against infection with regard to training, personal protective equipment (PPE) storage and ensuring all areas were able to be cleaned and were clean. In addition, improvements were required in the area of fire precautions as the systems in place did not identify hazards observed by the inspector. These areas will be discussed in more detail later in the report.

The inspector had the opportunity to meet three of the four residents that were living in the centre. One resident was staying in their family home on a visit for a few days. They attended a day program five days a week but sometimes they chose to take Fridays off and the person in charge communicated that their choices were respected.

While the remainder of the residents did not attend an external day program they had the option of attending what the provider called 'a hub' in a different town. The use of the hub was being trialled with the residents and they could participate in arts and crafts and baking among other activities. More formal day programs had been trialled with the residents and they did not suit them at the time.

One resident spoke with the inspector and communicated that they were happy and had no concerns. They knew how to raise a concern if they had one. They said if they were unhappy that they would tell staff or their family. They said they would like a pet and while they felt they went out enough, they would love to go to more concerts. The person in charge said they would look into both of those areas for them.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

On the day of the inspection residents' activities ranged depending on their choices, activities included relaxing watching television, listening to music, going to the shop, going for a picnic and going for a walk.

Over the course of this inspection, the inspector observed staff on duty and the person in charge use relaxed and respectful communication when speaking with the residents. For example, the person in charge asked for a resident's consent as to whether they wished to speak with the inspector and let the inspector view their apartment.

Residents were observed to appear relaxed and comfortable in their home and in the presence of staff. For example, residents were observed to move freely around the house going to their rooms, listening to music or having something to eat in their kitchen.

The provider had arranged for staff to have training in human rights and on assisted decision making. One staff member spoken with gave an example of one resident that may want to eat unhealthy food. They said the training supported them to understand that the residents have the right to make unwise choices on occasion. They said that it was the staff teams' job to provide the resident with information to help them make informed decisions and to encourage them to make healthier choices.

The inspector observed the house to be very tidy. Each resident had their own bedroom and there was adequate storage facilities for personal belongings. They were individually decorated to suit the preferences of each resident. For example, one resident had a old style arcade game in their bedroom.

There were multiple communal spaces for residents to have space, for example there was a sun room, a living room and a sensory room. There was a front and back garden accessible to the residents. The back garden had a paddling pool, a badminton net and different types of swings available for use along with garden seating available.

The provider had sought residents' and family representatives' views on the service in 2023 provided by way of questionnaires. Residents communicated with were for the most part happy living in the centre. One resident said that they were getting on well and if they had a complaint they would tell the manager. Another said that staff communicate to them what was happening in the centre. They said that they would like to move to another centre as this centre could be noisy. Based on this feedback the provider arranged for an independent advocate to work with the resident to explore their will and preference. That process was still on-going at the time of this report. Family feedback was positive and included comments, for example that there was always someone available to take a call. Other feedback included, that a family representative had no problems at all. They went on to say that staff were first class, caring, respectful and compassionate.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). However, due to a delay in the provider receiving the questionnaires, no questionnaires were received back in time for this report.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in August 2023 whereby a restrictive practice thematic was conducted. It was observed at that inspection that while there were some good arrangements and practices in place further improvements were required. From a sample of the actions reviewed from the previous inspection, they demonstrated that the provider had actioned and completed the areas identified as requiring improvement.

There were management systems to ensure that the service provided was safe, consistent and monitored. For example, there was a full-time person in charge and the provider completed six monthly unannounced visits to the centre to assess compliance levels.

For the most part, the provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Staff were found to be in receipt of formal supervision which facilitated staff development.

The inspector reviewed a sample of rosters and they indicated that the staffing levels were effective in meeting residents' assessed needs.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were qualified in leadership for health and social care services, along with qualifications in childcare. They were employed in a full-time capacity and managed two centres supported by team leaders to ensure appropriate oversight of this centre. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed the support strategies that one resident required around their anxiety.

A staff member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a two month period from May to June 2024.

They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents.

There was a full complement of staff which would facilitate continuity of care and support to the residents. Residents were assigned specific staff on a daily basis in order to ensure that the staff member would provide focused care and attention to that resident that they were assigned to.

From speaking with one staff member, a team leader and the person in charge, the inspector found that they were familiar with the residents care and support needs.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training matrix and a sample of training certification for staff, this demonstrated that for the most part, there were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained.

The inspector observed that, staff had received training in areas, such as fire safety training, first aid responder, Autism awareness, medication management, and epilepsy awareness and emergency medication. While improvements were required to training including refresher training with regard to infection prevention and control (IPC) trainings, this is being dealt with under Regulation 27: Protection against infection.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed supervision files for three staff. The files demonstrated that, supervision arrangements which facilitated staff development were occurring in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place. There was a defined management structure in the centre. It consisted of teams leaders, the person in charge and the head of operations, who was the person participating in management for the centre.

There was an on-call system in place for evenings and weekends for the organisation for when staff required assistance or advice. The list describing who was on-call each evening was made available in the staff office. One staff member spoken with was clear as to the lines of reporting including the on-call system when required.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, the inspector observed from a review of January to May 2024, that the operations manager completed a monthly visit and reviewed different topics, such as finances, medication, health and safety, and supervision.

From a review of the team meetings since December 2023, they demonstrated that they were taking place monthly and incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints procedure, it was evident that there were adequate arrangements in place for dealing with complaints. For example, there was a complaints policy, and associated procedures in place. There were designated complaints officers nominated and complaints were discussed in the staff meetings when they arose for shared learning among the staff team. In addition, the inspector observed that staff had received training in the area of complaints.

There was one complaints in 2024. The complaint made had been recorded, reviewed and was in the process of being resolved to the satisfaction of the complainant.

The centre had received two compliments from healthcare professionals about the care of residents provided by the centre staff.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents were receiving a good standard of care and their needs were being met. However, as previously stated some improvements were required in relation to the protection against infection and fire

precautions.

For the most part, there were suitable procedures in place for the prevention and control of infection. However, improvements were required to staff training, some areas required a more thorough clean which included the cleaning equipment and more consideration was required for the storage of some PPE.

For the most part, there were suitable fire safety management systems in place, which were kept under ongoing review. For example, the fire detection and alert system was regularly serviced. However, improvement was required to the oversight systems for fire safety as they were observed to not have identified some fire hazards that the inspector had observed.

Residents were being supported with their healthcare and emotional needs and were being communicated with using their preferred communication methods. Residents had access to allied health professionals as required, for example, a dermatologist and psychologist. Additionally, the inspector reviewed a sample of the restrictive practices in use in the centre, such as chemicals were locked away due to safety concerns for some residents. Restrictive practices were found to be subject to review.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse, for example staff had received training in adult safeguarding. In addition, the inspector observed that the centre was being operated in a manner that promoted and respected the rights of residents.

The inspector observed the premises was tidy and in a good state of repair. There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place.

From a review of medicines management, the inspector observed that there were suitable arrangements in place. For example, medicines had pharmacy labels attached to ensure medication was administered as prescribed.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. The inspector observed social stories were used to help support residents' understanding of certain situations, for example attending events that would be unfamiliar to them.

The inspector observed that there was documented information on how the residents communicated in order to guide staff to effectively communicate with them.

The inspector observed from a sample of three residents' files that they had received an assessment by a speech and language therapist (SLT). This was in order to assess what supports they may need to better support their communication. The inspector observed that recommendations from the reports were being used to enhance the residents' communication. For example, 'first and then' was a recommendation for a resident and a staff member was able to show the inspector how it was used to support the resident.

In March 2024 the provider had arranged for a workshop for staff on Autism awareness and communication in order to support the staff to better facilitate communication within the centre.

In addition, the inspector observed that the residents had access to the radio, televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with family.

The inspector reviewed the activity planners for two residents for June 2024 that demonstrated their daily recreation and activities that they participated in. From the sample reviewed, residents were observed to participate in activities based on their interests, for example going for drives, attending the library, going for day trips, such as going to a sensory garden or the zoo. Some days the residents remained in the centre and used the garden or the sensory room.

The inspector observed that, activities were discussed at the May 2024 team meeting in order to encourage staff to promote more activities and alternatives if a resident declined the original option. The person in charge and a team leader both communicated to the inspector that promoting exploration of interests and activities for the residents was a goal they were working towards with the centre staff in 2024 and to continue into 2025.

External day programmes had been explored for some residents; however, they had not suited them when trialled. The residents had use of a space called a 'hub' in a different town if they wanted to go somewhere different than their home to do activities, for example baking or do arts and crafts. One resident availed of a day service on Mondays to Fridays.

Residents were supported to come up with goals to work towards during the year. For example, one resident wanted to go away for a particular hotel break that had a sensory room. They also wished to visit a salt cave, attend the aquatic centre and

an aquarium. Pictures of these goals were observed on the resident's bedroom wall.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be tidy and for the most part clean. The house was observed to be well maintained on the day of this inspection. There was adequate space for the residents, for example there were multiple communal areas, such as a sensory room which contained many sensory items and lights. Residents had access to cooking and laundry facilities. Each resident had their own bedroom and each had their own en-suite bathrooms.

However, the inspector observed that some areas required further cleaning and this is being dealt with under Regulation 27: Protection against infection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available which was last reviewed in October 2023.

A risk register was maintained for the designated centre which was reflective of the presenting risks. There were risk assessments completed for identified risks, for example:

- driving for work
- fire safety
- residents going missing from the centre

Risks specific to individuals, such as the risk of making allegations, had also been assessed and control measures identified.

The inspector reviewed a sample of the incidents that occurred in the centre since January 2024. They were found to be suitably recorded, escalated if required and responded to. Learning from incidents was shared with the staff team were appropriate. The provider had arrangements in place for six monthly incident reviews and learning was recorded for each incident.

Additionally, the inspector observed there were arrangements in place to ensure lint was removed from the dryer daily, so as to mitigate the chances of it becoming a fire hazard.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, there were good arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. For example, there were colour coded systems for preparing food and cleaning the centre in order to prevent cross contamination.

Improvements were required to a number of areas in order to meet the requirements of this regulation. Areas included:

While staff had received training in areas related to IPC, refresher training was required for five staff in hand hygiene and two staff in PPE. Staff had not received training in respiratory hygiene and cough etiquette or transmission-based precautions (contact, droplet and airborne), including the appropriate use of PPE for each situation as per public health guidance.

The inspector observed that, more consideration was required to the storage of PPE in the shed as gloves were being stored on the concrete floor where they could become damp.

From a walkabout of the centre, the inspector observed that there was a build-up of limescale around some areas, such as toilet bowls, sinks, shower enclosures or taps, for example the utility room sink. This would mean that those areas could not be effectively cleaned.

From a review of the cleaning schedule for June 2024, the inspector observed that there were a number of gaps in the recording of cleaning being completed. This could mean that not all cleaning was being completed as required. For example, according to the cleaning checklist, one resident's bedroom and en-suite was due to be cleaned the day prior to the inspection and was not ticked off as cleaned and the room was observed to not have been cleaned. Some areas required a more thorough clean as some residue was observed on some mirrors, wardrobe doors, the main bathroom floor, and the buckets used for cleaning the centre were observed to be dirty.

Subsequent to this inspection, the regional director of care gave assurance that the buckets and limescale had been cleaned and documentation had been amended to reflect spot checks of cleaning for going forward.

Judgment: Substantially compliant

Regulation 28: Fire precautions

For the most part, there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

The inspector reviewed a sample of two residents' personal emergency evacuation plans (PEEP) and they were observed to be up to date and provided information to guide staff regarding any evacuation supports required. Periodic fire evacuation drills were taking place and the inspector reviewed the documentation of the last four drills. An hours of darkness drill was observed to be completed with maximum resident numbers and minimum staffing to demonstrate that staff could safely evacuate the residents.

The inspector observed in the apartment, that the fire containment doors could not close by themselves as they were being blocked by items a resident was placing in front of them and by a wire for the resident's television that was coming from one room into the sitting room along the floor. Additionally, the external emergency lighting for the apartment was not working. The provider arranged for the lighting to be fixed and for an electrician to allow for the wire to come in through the sitting room wall so as not to prevent the doors from closing. The resident agreed to move the placement of their items.

While staff completed a range of fire safety checks, for example weekly door closure checks, the inspector was not assured that those checks were being completed thoroughly. For instance, the issues that the inspector observed with regard to the apartment doors was not documented or escalated. Therefore, the checks were ineffective in ensuring that the fire containment doors would have contained a fire or slowed the spread of smoke in the case of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were adequate arrangements in place for medicines management within the centre. Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored in a locked press in the staff office.

The inspector observed, from a review of two residents' medicines documentation that an up-to-date prescription was on file for the residents that listed the details of the medicines they were prescribed. Medicines were observed to have pharmacy labels attached to support correct administration as prescribed.

The inspector reviewed two residents' medication stock counts in the presence of the person in charge and the stock was observed to be correct. This demonstrated that medicines were being administered as prescribed. The inspector did observe in one instance that a stock count was completed a couple of days after receipt of the medication which would not be best practice. The team leader and the person in

charge confirmed that medication was normally counted on the day received. The inspector was assured in writing by the regional director of care that the staff responsible for the administration of medication have been instructed to ensure that stock received is counted as soon as it is received into the centre. This is in order to ensure any inaccuracies in medicines can be rectified as soon as possible in order to prevent medication errors.

Judgment: Compliant

Regulation 6: Health care

From a sample of two residents' files, they demonstrated that the healthcare needs of residents were suitably identified. The inspector reviewed the health passports for two residents which provided an overview of each person's health needs and they were updated as required.

Once residents' health needs were assessed there were healthcare plans for identified support requirements in order for residents to experience the best possible health. For example, epilepsy care plans were in place were required and from a sample of one epilepsy plan it was observed to provide clear guidance to staff. A staff member spoken with was familiar with the epilepsy care plans in place and they were able to communicate the support needs required.

From a sample of two residents' files with regard to their healthcare appointments, it was evident that residents were facilitated to attend appointments with health and social care professionals as required. For example, the files demonstrated that residents were supported to attend appointments with an optician, dentist, podiatrist and a neurologist as required to support their healthcare needs. Since the inspection in January 2023, the provider had ensured that residents who refused a particular medical interventions had this refusal discussed with their general practitioner (GP) so has to ensure the residents' healthcare needs were kept under appropriate review.

The provider had also arranged for a clinical nurse lead to complete a workshop for the staff team on health needs in August 2024.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, there were positive behaviour support plans in place with

information to guide staff as to how best to support the residents. The inspector reviewed a sample of three residents' plans and the plans were all reviewed within the last six months by a behaviour therapist.

Staff had received training in the area of managing violence and aggression. The provider had also arranged for a workshop for the staff team on positive behaviour support to be held on 4 July 2024.

The registered provider had systems in place to ensure that where restrictive practices were used, for example a locked wardrobe at night, there was governance over those practices to ensure that they were the least restrictive measure for the shortest duration. For example, since the last inspection, the front door was no longer kept locked.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, there was an organisational adult safeguarding policy in place last reviewed in June 2023 and staff were trained in adult safeguarding. One staff spoken with was clear on what to do in the event of a safeguarding concern. Potential safeguarding risks were reported to the relevant statutory agency and a safeguarding plan put in place in order to minimise the chances of further safeguarding risks to the residents.

From a sample of one resident's intimate care plan, the inspector observed that there was clear guidance provided to staff as to how best to support them with regard to the provision of intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were being protected by the systems for consultation with them, respecting their known preferences and wishes regarding their day-to day lives, their privacy and dignity.

Human rights was an agenda item at the team meetings, for example in the May 2024 meeting, the HIQA resident survey on human rights was discussed for learning among the team. Residents' meetings took place monthly with different topics discussed, for example restrictive practices, safeguarding, assisted decision making and advocacy.

One resident was supported to access an independent advocate to help them

explore their will and preference in relation to them potentially moving from the centre,

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grangebective OSV-0001913

Inspection ID: MON-0035012

Date of inspection: 18/06/2024

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The person in charge will ensure that the five staff will complete refresher training in hand hygiene and two staff will complete refresher training in PPE. To be completed by 31/07/2024.</p> <p>The Registered Provider will ensure the safe storage of PPE. The PPE will be raised from floor onto a shelf in the shed. To be completed by 31/07/2024</p> <p>The Registered Provider has assured that a deep clean of lime scale and cleaning of mop buckets occurred. Completed 19/06/2024.</p> <p>The Person In Charge has updated the cleaning rota to include spot checking assurance. Team Leader handover has been updated to include sign off, of the cleaning rota daily. Completed 20/06/2024.</p> <p>All staff have completed Infection Prevention and Control on Hseland which discusses infection prevention and control, transmission based precautions, hand hygiene, putting on and taking off PPE, respiratory and cough etiquette, aseptic technique. This is recorded on the mandatory training matrix. Completed 18/06/2024</p>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

The Registered Provider has ensured that wire which was blocking door was fixed in place. Completed 21/06/2024 .

The Registered Provider has ensured that fire doors in apartment are clear of obstruction. Completed 19/06/2024.

The Registered Provider will ensure a separate fire door check completed for apartment doors. Commenced 20/06/2024

The Person In Charge will discuss fire check completion in staff meeting and the importance of escalation if any concerns are noted. To be completed by 31/07/2024

The Registered Provider has ensure that all emergency lighting is in working order. Completed 20/06/2024

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 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	31/07/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/07/2024