



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0003456
Fieldwork ID:	MON-0031553

About the designated centre

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

The designated centre comprises of fifteen self-contained bungalows each have a sitting room, kitchen, bathroom and bedroom. Two of the bungalows have two bedrooms. There is a three bedroom bungalow which has three large en suite bedrooms and offers full time accommodation to one resident, and two rooms for respite service. There is accommodation for a maximum of 22 residents, and the provider describes the service as being offered to people who have a physical disability or neurological condition, and sometimes secondary disabilities which could include a learning disability, mental health difficulties or medical complications like diabetes. Ardeen Cheshire staff aim to support people in different areas of their lives including assistance with personal care and grooming, health support, social supports and liaising with relevant health professionals. Support offered may also include assistance with activities such as home maintenance, preparation and eating of meals, assisting with cleaning duties and grocery shopping, and the paying of bills. The centre employs one full-time person in charge, a CMN2, staff nurses, social care workers, care support staff, catering, housekeeping/cleaning, drivers, laundry and maintenance staff including a CE supervisor and CE participants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 20 January 2022	10:30hrs to 19:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector got the opportunity to meet five residents during a group activity and to meet with four residents on an individual basis. Conversations between the inspector and the residents took place, as much as possible, from a two-metre distance and with the inspector wearing the appropriate personal protective equipment (PPE) in adherence with national guidance.

On the morning of the inspection, the inspector observed a group activity (group quiz) taking place in the day room in the main house. The activity was jovial in nature and the residents appeared to be enjoying it and fully participated in the quiz. At the end of the activity, a resident's birthday was celebrated with a sing song and a birthday cake shared amongst the residents.

A number of residents chose to meet the inspector in their home. In one bungalow, the resident seemed happy to show the inspector around their home and appeared proud to show off the different rooms within it. Some of the residents talked to the inspector about their plans to redecorate their living space and appeared excited about it. A number of residents relayed their frustrations around the current health pandemic restrictions and in particular, in relation to accessing activities in the community.

The residents were supported to engage in a range of activities that were held on site in the main house. There was a weekly activity plan which residents could choose to take part in. An activity survey for 2022 had been compiled for the residents in an effort to inform the plan and choice of activities for the coming year. There was also the option of community activities on a group or one-to-one basis. There were six vehicles and drivers available to the residents to transport them to appointments, shopping and community activities. However, on review of the centre's resident and family feedback forms (which were part of the consultation process for the 2021 annual report), the inspector saw that a number of residents were unhappy with the amount of community activities available to them. Notwithstanding this, many residents had noted that this was primarily due to the restrictions in place during the current health pandemic.

Residents were provided with a choice of healthy meal, beverage and snack options that were available in the main house. There was an additional charge to residents for this service. Residents also had the choice to cook and eat their meals in their own accommodation. Through observations of weekly menus and activity plans, the inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation and physical activities.

Overall, the design and layout of the premises ensured that each resident could enjoy living in an accessible and comfortable environment. This enabled the

promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre. The inspector observed the designated centre to be suitable to meet the residents' individual and collective needs in a homely way. Residents expressed themselves through their personalised living spaces. The residents were consulted in the decor of their bungalows which included photographs of family and friends, paintings and memorabilia that were of interest to them.

The physical environment of the centre was clean, however, upkeep and repair work was needed to a number of areas in the designated centre to ensure the safety and wellbeing of all residents at all times.

Residents were encouraged and supported around active decision-making and social inclusion. Previous to the current health pandemic, residents were invited to attend monthly meetings where matters such as safeguarding, complaints and activities, but to mention a few, were discussed. The inspector was advised that the residents' monthly meeting were recommencing in February 2022.

In summary, the inspector found that, overall, the residents' wellbeing and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre.

The inspector found that, through speaking with the residents and staff and through observations, it was evident that staff and the local management team were striving to ensure that residents were living in a supportive and caring environment.

However, improvements were needed to some areas of the centre to ensure that it was in a good state of decor and repair, was safe and mitigated the risk of spread of infection at all times. This is further discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, the inspector found that the provider was endeavouring to ensure that care and support provided to the residence was of good quality. There was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for residents. However, the inspector found that improvements were warranted to some of the local monitoring systems in place to ensure the safety and wellbeing of residents at all times.

The provider had put in place governance and management systems within the

designated centre to ensure that the service provided to residents was safe, appropriate to their individual needs, consistent and effectively monitored. The provider had completed an annual report of the quality and safety of care and support in the designated centre during 2020 and was in the process of collating information for their 2021 annual report. There was documented evidence to demonstrate that residents and their families had been consulted in the 2021 annual report process. In April and October 2021, the management of the centre had carried out six-monthly unannounced visits to the centre. A written report was completed on the safety and quality of care and support provided in the centre and a plan was put in place to address any concerns regarding the standard of care and support provided to residents. In addition, the senior management team met with the local management on a monthly basis to review the quality of care and support provided in the centre and to action any improvements needed.

There was a comprehensive local auditing system in place in the centre, (service management audits), to evaluate and improve the provision of service and to achieve better outcomes for residents. However, a number of the audits had not been completed for November and December 2021. For example, the monthly audits relating to safeguarding, complaints, fire drills and adverse events had not been completed since September 2021. In addition, the local health and safety monthly audit had not been carried out since August 2021. It was noted that the September audit was not completed due to staff shortages.

Furthermore, a review of the monitoring and oversight of the provider's maintenance system for this centre was needed. This was to ensure that there was a satisfactory plan in place with appropriate timelines, to address repairs and upkeep of the premises so that residents were living in an environment that was in good decorative and structural repair, safe and mitigated the risk of infection at all times.

A new person in charge had commenced their role in the designated centre on November 2021. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The person in charge had sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The provider had submitted the required notification regarding the person in charge, however, not all requirements pertaining to Regulation 14 had been met.

There was a staff roster in place and it was maintained appropriately by the person in charge. The staff roster clearly identified the times worked by each person. Since the last inspection there had been improvements to the way staff were deployed within the centre. For example, previous arrangements where residents paid for staffing support if they wished to leave the centre for social activities, were no longer in place. Residents were now provided with this support as part of the care and service provided.

The inspector observed that residents appeared relaxed and content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Staff who spoke with the inspector demonstrated

good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents. Throughout the inspection, the inspector found that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

The inspector was informed that there were a number of vacancies for a variety of posts in the centre. The provider was actively recruiting for the positions and two new staff were due to commence in early February 2022. However, the inspector was informed that it had been difficult to fill all positions to date. The staff vacancies had meant that there were occasions where the centre did not have a full staffing compliment in place. Staff informed the inspector, that there were times where they would have to complete additional tasks to cover for staff shortages. On speaking with the person in charge, regarding the staffing levels, the inspector acknowledged the challenges in managing services and supporting residents during the current health pandemic.

Notwithstanding the above, the person in charge was endeavouring to ensure that there was a continuity of staffing so that support and maintenance of relationships were promoted. Where relief staff were needed, the same small group of people were employed. In addition, many of the existing staff who were familiar to the residents and their needs, worked additional hours to cover staff shortages. There were also plans in place to complete a roster review to better support the staffing systems in place.

There was a complaints procedure that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. For the most part, the procedure was monitored for effectiveness and endeavoured to ensure that residents received a good quality, safe and effective service. Overall, the inspector found that complaints were being dealt with in line with the centre's policy and procedures and where actions were required, the provider was endeavouring to follow up on them in a timely manner. On review of the centre's complaint forms, the inspector found that not all forms had documented the satisfaction levels of the person who had made the complaint. However, a new system was introduced to the centre in December 2021 which included a comprehensive complaints form which allowed for a section to note and review satisfactions levels of the person who made the complaint. In addition, subsequent to the inspection, the person in charge followed up with further evidence of an online system where satisfaction levels were recorded.

Regulation 14: Persons in charge

The provider had submitted the required notification regarding the person in charge however, not all requirements pertaining to Regulation 14 had been met.

Judgment: Not compliant

Regulation 15: Staffing

Staffing arrangements were not in line with the the centre's statement of purpose. There were a number of vacancies for a variety of posts in the centre. Despite the provider recently recruiting two new staff and their ongoing recruitment drive, the shortages had impacted on some of the centre's monitoring systems, staff tasks and at times, the centre's staffing compliment.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had put in place governance and management systems within the designated centre to ensure that the service provided to residents was safe, appropriate to their individual needs, consistent and effectively monitored. However, improvements were needed.

The local auditing system in place in the centre had not been completed in full for November or December 2021.

A review of the monitoring and oversight of the provider's maintenance system for the centre was needed to ensure that there were satisfactory plans in place, with appropriate timelines, to address the repair and upkeep of the premises.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. For the most part, the procedure was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. However, to ensure the safety and wellbeing of residents at all times, the inspector found that improvements were needed to the decorative and structural upkeep and repair of the premises.

The premise of the centre was based on a campus type setting and consisted of a two-storey main house and fifteen self-contained bungalows; thirteen of which provided single occupancy accommodation and two which had the capacity to provide accommodation for two residents in each. There was also a three bedroom cottage on site available for one resident and two respite residents. The main house included a large dining area and a day room where residents had the option to eat their meals in and partake in activities if they so wished. No residents lived in the main house. Overall, the design and layout of the centre ensured that each resident could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The inspector observed that a number of improvements were required to the state of repair in many areas of the main house and in some of the bungalows. Decorative and structural repair was needed to a number of walls, doors and door frames and it was noted that the damage to these areas meant that they were difficult to clean from an infection control perspective. In addition, there was a smell of damp in a bathroom in one of the bungalows and patches of mould were observed on two walls in the main house. There were a number of rooms in the main house used as storage, however, a review of the layout and amount of items stored per room was required to mitigate the risk of any potential hazards. Furthermore, the lighting system on a back stairwell, which was one of the emergency routes, required reviewing to ensure it was safe at all times.

Overall, the inspector found that the maintenance system in place, including the resources available and the oversight of this system, required reviewing to ensure that improvements were identified and completed in a timely manner. This was to

ensure that residents were living in a home that was in good decorative and structural repair and at all times, safe and mitigated the risk of infection.

The inspector reviewed a sample of residents' personal plans which included a combination of an active clinical folder, a futures plan folder, and a medical folder. Personal plans were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health professionals and where appropriate family members. Residents were also supported to invite their friends and advocates to the reviews if they so wished. Overall, the sample of residents' personal plans reviewed were up to date. There was a local monitoring system in place to ensure that the documentation within each resident's personal plan was kept up to date, identified gaps and actioned improvements where needed, however, the audits had not been completed since early October 2021 which meant that the provider could not be assured that all residents' personal plans remained up to date, at all times.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All staff had completed a variety of safeguarding training, all of which was up to date. Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. On review of residents' personal plans, the inspector saw that there was personal and intimate care plans in place for residents who required them. The plans set out how to support each resident's independence and to respect their dignity and privacy.

In December 2021, due to a concern regarding an alleged retrospective safeguarding incident, the provider was required to submit a provider's assurance report to the Health Information and Quality Authority (HIQA), to demonstrate that there were systems in place to protect residents from all forms of abuse and that staff were supported to raise any concerns or suspicions of abuse that they may have. The provider submitted comprehensive assurances within the required timeframe and on the day of inspection, the inspector found that robust systems were in place to protect residents from all forms of abuse and that most actions on the report were completed (except for one action which is due to be completed in February 2022).

There were satisfactory contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents, a COVID-19 response plan and protocols relating to the management of COVID-19 including risk assessments and checklists. The person in charge had systems in place to ensure the centre's contingency plan, including self-isolation plans, were effective.

Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

and on the day of inspection, staff were observed to be adhering to public health guidance in the appropriate use of face coverings, hand hygiene and physical distancing.

Overall, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed there to be adequate supply of hand sanitiser, hand-washing facilities and soap for staff and residents to use and there was easy access to an ample supply of personal protective equipment (PPE). The inspector observed there to be a number of PPE stations in the main house and at various points outside the bungalows. The centre employed cleaning staff to maintain the cleanliness of the centre and there were cleaning records to demonstrate that a good level of adherence to cleaning schedules was taking place. However, improvements were required to ensure that the schedules were appropriately monitored by the person in charge.

The risk management policy in place was up to date and included all the required information as per the associated regulation. Overall, the inspector found that individual and location risk assessments were in place to ensure that safe care and support was provided to residents living in the centre. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of COVID-19 and the control measures in place to mitigate them.

Regulation 17: Premises

There was a number of structural and decorative repair works required to the main house, bungalows and cottage in the designated centre. For example;

A number of doors, doorframes and walls were badly chipped and required upkeep so that they could be effectively cleaned and mitigated the potential risk of spread of infection to staff and residents.

A number of walls required repair. The paint on a wall in the day room was blistering and peeling off. Overall, the day room needed upkeep and repair.

A wall next to the ramp leading to the conservatory contained mould. In the same room there were black marks behind a large fan which resembled mould.

The flooring in the conservatory area on the main house required repair. On the day of inspection, the inspector was advised that new flooring had been ordered.

There was peeling paint on timber blocks located under two toilets in the main house and the slide door in the accessible toilet needed repair.

A bathroom on the second floor in the main house was observed to be unclean.

Two clinical waste pedal bins required repair so that they shut closed after usage.

A review of records demonstrated that equipment (such as wheelchairs) were not always cleaned when required. Other equipment (type of exercise machine), although observed to be clean on day, did not have a cleaning schedule in place.

Storage systems in the centre required reviewing. There were a number of rooms in the main house which were temporarily being used to store large stocks of PPE. A review of the layout and amount of stock stored per room was required to mitigate the risk of any potential hazards.

The lighting in the stairwell of one of the fire escape routes was poor and required replacement bulbs and a review of the number of emergency lights in place.

A number residents' single occupancy apartments required upkeep and repair to the doorframes and doors. In one apartment there was an odour of damp coming from the bathroom and in another apartment the layout of the bedroom and toilet, which was open plan, required reviewing to ensure appropriate infection control measures.

Overall, the maintenance systems in place required reviewing to ensure there was sufficient resources, satisfactory plans with timelines and that overall, there was an appropriate system in place to regularly monitor and track the upkeep and repair of the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed the house and the apartments to be clean. Staff had completed specific training in relation to the prevention and control of COVID-19.

However, a number of improvements required to the repair and upkeep of the premises, as addressed in Regulation 17, impacted on the infection prevention and

control measures in place in the centre and as such increased the risk of the spread of infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that they were continuously developed, regularly reviewed and for the most part, kept up to date in consultation with the resident, relevant keyworker, allied health professional and where appropriate, family members.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy.

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	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ardeen Cheshire Home OSV-0003456

Inspection ID: MON-0031553

Date of inspection: 20/01/2022

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> The Person in Charge commenced a Level 6 Management Essentials Course on 1/2/2022 and will complete same by 30/4/2022. 	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> Recruitment is ongoing to fill vacancies due to long term sick/maternity leave. A new nurse joined the service on 14/2/2022 ensuring the service now has its full complement of nursing staff. <p>Short term/last minute staff absences due to illness or public health guidance can impact on the daily staffing numbers and whilst occasionally it is not possible to get last minute cover for a shift, the staff daily WTE is always adequate to meet the needs of the residents and is above the minimum staffing levels required to ensure the safety and wellbeing of residents.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person In Charge commenced in the role in November 2021 and is now familiar with the suite of audit documentation and guidance as laid out by the Provider. Same has been completed for January 2022 and will continue in accordance with the outlined schedule. • The Regional Partners will conduct reviews of the PIC audits during their monthly site visits and actions/learning from same will form part of the Regional Team quarterly support meetings. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Person In Charge with the service's maintenance lead have developed an action plan for remedial works noted with some completed, ongoing, or for completion by 30/6/2022. • The maintenance lead will conduct a full premises audit by 31/3/22 and a schedule of works will be developed and actioned on a prioritized basis. • The Person In Charge with the service's maintenance lead have reviewed the process and enhanced the system/relevant tools to be used in overseeing and monitoring the premises maintenance. • The Cheshire Ireland Health and Safety Lead will conduct a full premises audit by 30/6/22. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Person In Charge with the service's maintenance lead have developed an action plan for remedial works noted with some completed, ongoing, or for completion by 30/6/2022. • The maintenance lead will conduct a full premises audit by 31/3/22 and a schedule of works will be developed and actioned on a prioritized basis. 	

- The Person In Charge with the service's maintenance lead have reviewed the process and enhanced the system/relevant tools to be used in overseeing and monitoring the premises maintenance.
- The Cheshire Ireland Health and Safety Lead will conduct a full premises audit by 30/6/22.

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 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Not Compliant	Orange	30/04/2022
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	14/02/2022
Regulation	The registered	Not Compliant	Orange	30/06/2022

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	28/02/2022

	needs, consistent and effectively monitored.			
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	30/06/2022