



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

## Issued by the Chief Inspector

Name of designated centre:	Angels Quest
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	09 January 2025
Centre ID:	OSV-0003576
Fieldwork ID:	MON-0037056

## About the designated centre

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

The designated centre is located on a disability services campus in South County Dublin and provides respite services and after-school supports. The centre is comprised of a purpose built one-storey building and contains six individualised bedrooms, a large dining room, a playroom, a kitchen, a utility space, staff offices, a number of toilets and shower/bathrooms, and storerooms. Exterior spaces included a storage facility, a large garden space, and a playground area. There is a staff team of nurses, social care workers and care assistants employed in the centre who are supported in their roles by a person in charge.

**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
Thursday 9 January 2025	09:20hrs to 15:30hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The inspector found high levels of compliance with the regulations, however, some concerns were identified under Regulation 27: Protection against infection.

Angels Quest is a children's residential respite service located on the grounds of a St. John of God campus in a busy South Dublin suburb. The centre provided afternoon, overnight midweek, weekend and day respite services for approximately 27 respite users at the time of the inspection. There was a maximum of six respite users that could be accommodated in the centre, at any one time. On the day of inspection there were four respite users availing of residential respite services. Those availing of the service were grouped based on individual assessed needs. Respite allocations were planned by the person in charge in consultation with the staff team and use of a compatibility matrix.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with respite users, in addition to a review of documentation and conversations with key staff, to form judgments on the respite users' quality of life.

The inspector found that the centre was reflective of the aims and objectives as set out in the centre's statement of purpose. The statement of purpose detailed that the service expected "that children/young adults availing of Angels Quest Respite will have a wish for some of the following: trying out new things, spending time with their friends, exploring and enjoying new experiences, and a person-centred plan acts as a guide and framework for identifying and prioritising inputs, supports, and activity content".

The residential respite service was comprised of six single occupancy bedrooms, a large playroom, a multi-sensory room, a utility room, a kitchen, a dining room, four bathrooms and three offices. The physical environment of the centre was found to be clean, tidy and well-maintained. The design and layout of the centre ensured that respite users could enjoy staying in an accessible and comfortable environment during their respite break. In general, the inspector found the atmosphere of the centre presented as welcoming and as an inviting sense of familiarity for the children who used the service.

In advance of the inspection, respite users had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and feedback about what it was like to stay in this designated centre. Completed surveys were sent in and reviewed by the inspector prior to the inspection. The feedback in general was very positive, and indicated satisfaction with the service provided to

them in the centre, including; the staff, activities, food and the premises.

The inspector had the opportunity to meet with all respite users availing of the service. Some did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, observations, a review of documentation and staff supported communication indicated that respite users were very happy with the care and support they received and with their residential respite service.

Throughout the inspection the inspector observed respite users engaging in a wide variety of activities. For example, there was a large television playing cartoons and respite users were seen playing ball in the hallway and listening to music and nursery rhymes. Respite users attended school on the grounds of where the residential respite centre was located. In addition to attending school the inspector saw evidence that respite users had access to a wide variety of age appropriate toys, interactive games, puzzles, dolls and sensory equipment.

The centre was observed to be clean. The person in charge informed the inspector that an external cleaning company was contracted to complete three hours of cleaning per day five days per week. In addition to this, staff members on duty also completed various cleaning duties and checks. However, cleaning records maintained by the cleaning company were not made available for the inspector to review on the day of the inspection. In addition, there was no documentary evidence kept on file detailing cleaning checks or protocols for the equipment and toys used by the children who availed of residential respite services. For example, staff spoken with told the inspector that the ball pit and toys in the playroom were cleaned on a regular basis but could not provide specific information relating to how or how often cleaning tasks were done.

The kitchen was seen to be very clean and well-maintained. The inspector saw that there were appropriate procedures in place to ensure that respite users' individual dietary needs were met during their stay. For example, gluten-free foods as required by respite users' needs were kept separate to other foods to ensure they were not contaminated.

Staff spoke with the inspector regarding respite users' assessed needs and described training that they had received to be able to support such needs, including safeguarding, managing behaviour that is challenging and feeding, drinking, eating and swallowing (FEDS). In addition, some staff had completed training in human rights and the inspector observed this in practice on the day of the inspection.

It was evident that the staff team were familiar with the needs of the different respite users. For example, staff members were familiar with each child's dietary preferences and preferred pastimes. Respite users were observed to be at ease among the staff members and enjoyed their company.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being

delivered to each respite user using the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to children using the respite service was safe, consistent, and appropriate to their assessed needs.

There was a regular core staff team in place. They were very knowledgeable of the needs of the children who used the residential respite service and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of respite users that attended. Due to an existing vacancy the provider was ensuring continuity of care and support through the use of regular relief and agency staff. The inspector met with staff members during the inspection and found they were knowledgeable in relation to the needs of respite users and were clear on the key policies and procedures within the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet respite users' assessed needs.

The provider ensured that the building and all contents, including respite users' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to respite users.

The registered provider had implemented management systems to monitor the quality and safety of service provided to respite users and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in November 2024 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024. Respite users, staff and family members were all consulted in the annual review.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge ensured that all relevant adverse incidents were notified to the Chief Inspector of Social Services in the recommended formats and within the specified time frames.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking the renewal of registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 (as amended) was paid.

Judgment: Compliant

### Registration Regulation 8 (1)

The registered provider had submitted an application to the Chief Inspector under section 52 of the Health Act for the variation of conditions of registration.

The provider had submitted all information in line with the regulations including; the conditions to which the application referred and reasons for the proposed variation. In this instance, the provider applied to increase the footprint and number of registered beds of the designated centre.

The application was granted in December 2024.

Judgment: Compliant

### Regulation 15: Staffing



On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the respite users at all times in line with the statement of purpose and size and layout of the designated centre.

The staff team comprised of the person in charge, nurses and health care assistants. On the day of the inspection there were three staff on duty during the day, and two staff at night-time, both in a waking capacity. There was one 0.5 whole time equivalent (WTE) Social Care Worker vacancy open. The inspector saw evidence that this post had been advertised and the person in charge was endeavouring to ensure continuity of care for respite users through the use of a small panel of agency and relief staff.

The person in charge maintained a planned and actual staff roster. The inspector reviewed both rosters for the months of January and February 2025 and found that regular staff were employed and accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to three staff members, and found that they were knowledgeable about the support needs of respite users and about their responsibilities in the care and support of the children who used the respite residential service.

The inspector reviewed four staff records and found that they all contained the required information in line with Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix maintained by the person in charge in the designated centre and found that all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support respite users. This included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding.

In addition, training was provided in areas such as manual handling, children's first, first aid and infection prevention control (IPC).

All staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge in line with the provider's policy. The person in charge had developed a schedule of supervision for 2025 for all staff members, which also included mandatory induction meetings for staff recently hired and annual performance management and development meetings.

The inspector reviewed four staff members supervision records, all of which included

a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including respite users' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to respite users.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to respite users and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2023. Respite users, staff and family members were all consulted in the annual review. For example, the provider sent out questionnaires to the families of all children using the residential respite service. Positive feedback returned included "my child is safe and happy", "my child is well looked after", "I can easily contact staff" and "Angels Quest deals effectively with issues that concern my child".

In addition, a suite of audits were in place including six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included medication, fire safety, infection prevention control (IPC), personal plans and restrictive practices.

The inspector reviewed the quality enhancement plan created following the provider's most recent six-monthly unannounced visit carried out in November 2024. The action plan documented a total of 22 actions. Following review, the inspector

observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to respite users in the service and the day-to-day operation of the designated centre. The statement of purpose was available to respite users and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice. For example, the person in charge and the programme manager were completing a full review of the designated centre's restrictive practices and additional training in relation to this had been completed by the staff team in December 2024.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the children who used the residential respite service.

The provider had measures in place to ensure that a safe and quality service was delivered to respite users. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. However, improvements were required under Regulation 27: Protection against infection.

Respite users had opportunities for play and age-appropriate activities while availing of the residential respite service. Respite users enjoyed varied and meaningful social, educational, and recreational opportunities in their community as well as keeping busy and active during their respite stay.

The inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair. There were six single occupancy bedrooms for respite users availing of the service, allowing them their own private space during their stay. There was also a communal kitchen/dining area and most areas of the centre were accessible to respite users and suitable for their assessed needs. Suitable arrangements were observed for the safe storage of respite users' personal belongings during their stay.

There were suitable facilities to store food hygienically and adequate quantities of food and drinks available in the centre. The fridge and presses were stocked with lots of different food items, including fruit and vegetables. Staff spoken with were knowledgeable regarding feeding, eating, drinking and swallowing (FEDS) care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

There were a number of improvements required to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to respite users and staff. For example, aspects of the premises required attention in order to mitigate infection risks. In addition, the arrangements for the appropriate management of soiled laundry and potential bodily fluid spills required consideration from the provider.

Where required, positive behaviour support plans were developed for respite users, and staff were required to complete training to support them in helping respite users to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted respite users' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which

included safeguarding training for all staff, the development of individual intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, respite users were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

### Regulation 13: General welfare and development

The designated centre was located in a busy Dublin suburb close to a host of amenities including parks, playgrounds, shops, restaurants and the seafront.

The inspector saw evidence that children using the residential respite service were supported to engage in a number of in house and community based activities of their own choosing. For example, respite users participated in movie nights, sensory based activities, play, drives and trips to the sensory garden.

There was a playground on campus for respite users to use and play in, if they so wished. The centre had a dedicated vehicle used for community based activities and trips. Community based activities included trips to the local seafront, meals out and trips to the park.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of respite users. For example, the provider recently reconfigured the layout of the centre moving the location of the multi-sensory room. which provided more space for the children who used the residential respite service.

Efforts had been made by the provider to make the centre homely in nature and the inspector observed that it was tastefully and appropriately decorated for the children who use the service. For example, there was a large playroom with an abundance of toys for children to play with, a multi-sensory room and walls had been painted with a variety of murals depicting various scenes like under the sea and summer that appealed to children.

There were six single occupancy bedrooms for respite users availing of the service, allowing them their own private space for the duration of their stay. Respite users could store their belongings in individual wardrobes, drawers and lockers in their

bedrooms, and laundry services were available for those who needed them.

The inspector observed that respite users could access and use available spaces both within the centre and garden without restrictions. Respite users had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Overall, the premises was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of respite users using the service.

Judgment: Compliant

### Regulation 18: Food and nutrition

Respite users with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS plans on file. The inspector reviewed five FEDS care plans and found that there was guidance regarding respite users meal-time requirements including assistance required, position, utensils, food consistency and specific guidelines for staff to adhere to and follow.

Staff spoken with were knowledgeable regarding FEDS plans and were observed to adhere to the directions from specialist services such as speech and language therapy. For example, staff were observed during after school snack preparation to adhere to the therapeutic and modified consistency dietary requirements as set out in the residents' FEDS care plans. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

The inspector observed a good selection and variety of food and drinks, including fresh fruit, in the kitchen for respite users to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

However, on the day of the inspection the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and a number of

actions were required to bring the centre into full compliance.

The inspector observed poor practices and management of known infection hazards and risks, which posed a risk to the effective implementation of IPC measures to protect respite users and staff against infection. Cleaning services were contracted to an external cleaning company who provided a total of 15 hours of cleaning services over five days per week. However, on the day of inspection cleaning records maintained by the cleaning company were not made available for the inspector to review. In addition, there was no documentary evidence to demonstrate that equipment and toys used by children availing of the residential respite service were cleaned or sanitised on a regular basis.

The inspector observed that a staff office was being used for additional storage of equipment and was very cluttered on the day of the inspection. Additional storage was required to ensure appropriate infection prevention control measures could be maintained.

Furthermore, the arrangements for the appropriate management of soiled laundry and potential bodily fluid spills in the centre also required consideration to ensure that staff had access to the appropriate equipment. Staff spoken with on the day of inspection were unfamiliar with the protocols in place for the management of soiled laundry. This required review the provider and the person in charge.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to respite users with an assessed need in this area. For example, five positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between respite users and staff.

There were a number of restrictive practices used in this centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible. Restrictive practices in use had been notified to the Chief Inspector on a quarterly basis in line with the regulations.

In addition, the person in charge and programme manager had commenced a comprehensive review of all restrictive practices in use. The inspector found that the

provider and person in charge were promoting respite users' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review and clearly documented.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard respite users from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

On the day of the inspection there were no open safeguarding concerns. The inspector saw evidence that all previous concerns had been reported appropriately through the child protection notification system. Staff spoken with were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, staff spoken with were aware that all safeguarding concerns were to be reported to the Chief Inspector in line with the regulations.

Following a review of five residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to respite users who required such assistance in line with residents' personal plans and in a dignified manner. For example, individual intimate care plans included guidelines and directions for staff to provide assistance and support with toileting, showering and bathing and staff spoken with were knowledgeable of care plans.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Angels Quest OSV-0003576

Inspection ID: MON-0037056

Date of inspection: 09/01/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Completed- Spills kits have been provided and a protocol for use implemented in the center since the day of the inspection.</p> <p>Completed- The linen management protocol has been discussed at the staff team meeting in January and all staff requested to familiarize themselves with it. Alginate bags have been re-stocked in the location</p> <p>In place- cleaning records for the external contractor have been amended to include additional touch surfaces. The PIC has met with the manager from the external company who has agreed to complete regular audits on the records maintained and provide a copy to the center. The staff providing the domestic service to the center has changed since the inspection date.</p> <p>Completed- The internal IPC audit has been removed form the staff schedule and will be completed on a quarterly basis by the center’s PIC and/or CNM1.</p> <p>In progress- A steam cleaner has been identified and is currently with the procurement team awaiting approval. Once purchased this will enhance IPC in the location and provide an option for chemical free cleaning for most of the children’s toys (timeframe for completion 28-02-2025).</p> <p>In progress- Staff have completed a review of the children’s toys and disposed of all damaged toys. A wish list is in the process of being drawn up to replace these toys in line with the children’s likes/dislikes (timeframe for completion 30-03-2025).</p> <p>Completed- A specific cleaning checklist has been devised to record the cleaning of children’s equipment such as hoists, toys, wheelchairs, pottys, and sensory room</p>	

equipment.

Staff office; Given the storage currently maintained in this room a phased action plan has commenced (currently at phase one);

Phase one; identify and remove overstock of stationary and various supplies (timeframe for completion- 28-02-2025)

Phase two; undertake a review of archiving documentation in line with policy requirements for retention (timeframe for completion- 30-03-2025).

Phase three; undertake a full review of the outdoor shed for potential for additional storage. This will require repairs, disposal of unused equipment, and disposal of overstocked supplies (timeframe for completion- 30-04-2025).

Phase four; once the storage room has been cleared of all unnecessary storage, provide appropriate storage facilities in the room for future archiving and supplies (30-05-2025).

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Not Compliant	Orange	30/05/2025