



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 18
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	25 May 2022
Centre ID:	OSV-0005852
Fieldwork ID:	MON-0028025

About the designated centre

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

This centre aims to provide long stay residential care to no more than 10 men and women with complex support needs. It consists of two wheelchair accessible homes located in a congregated campus setting in Dublin. Each resident has their own bedroom. One residential bungalow provides full-time residential supports to residents with aging needs. The second residential bungalow is located nearby, also on the congregated campus, and has been set up to provide full-time residential support to residents with dementia and cognitive decline assessed needs. The staff team is made up of staff nurses and care staff. The person in charge is only responsible for this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 25 May 2022	10:20hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of this designated centre. This inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE).

During the inspection, the inspector met briefly with all residents present in the centre. Residents living in the centre were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements.

The centre consisted of two residential bungalows situated on a congregated campus setting. Observations carried out noted both residential bungalows were nicely decorated and efforts had been made to make it as homely as possible.

Some premises improvements were required, particularly in one bungalow, to ensure the centre was maintained to a good standard and could provide for the most optimum infection control standards. For example, the inspector observed cracks and holes in some of the tiles of the toilet and bathroom facilities in one bungalow. There were also improvements required in the utility room of the bungalow. Some of the cupboards in the room were damaged and required replacing.

However, it was noted the provider had made considerable arrangements in the bungalow to ensure residents were provided with large spacious bedrooms with space for their mobility and seating equipment, to engage in personal activities with additional manual handling supports provided for in each room, for example overhead tracking hoists.

This bungalow had recently commenced operating as a full-time residential service and was intended to provide supports for residents with dementia and cognitive decline support needs. While the inspector observed the centre was spacious, well illuminated and could provide residents with a low arousal environment, some dementia design improvements were required to ensure the centre could meet the service provisions it was setting out to provide.

The person in charge described to the inspector the provider's plans to put in place a sensory space for residents which would contribute to the dementia related supports for residents. The inspector acknowledged that the bungalow had only recently commenced operation and that the dementia design and improvements would be an ongoing initiative that would require careful planning and take an

evidence based dementia design approach.

On the day of the inspection, the inspector observed staff engaging in a pleasant way with residents. In the dementia support bungalow staff were observed providing residents with hand massages and supporting residents to receive snacks and drinks with support. The environment was quiet and slow paced which appeared to suit the needs of the residents present on the day. Residents appeared to be relaxed and enjoying the one-to-one support and care of staff.

In the other bungalow the inspector observed there was also a pleasant atmosphere. Staff were observed and heard engaging with residents in very pleasant way. During the inspection residents received a visit from a pet therapy dog and the inspector observed a resident holding the dog's lead and thoroughly enjoying the experience. Other residents were observed doing art work and using electronic hand held devices to watch their favourite programme.

Since the previous inspection there had been a significant improvement in the opportunities for residents to go on activities outside of the congregated campus. The staffing resources had improved and the lessening of public restrictions, coupled with residents in receipt of COVID-19 vaccination, had brought about overall a much improved and enhanced activity provision for residents. Staff spoken with were equally positive in this regard and informed the inspector that they were now able to bring residents out on excursions and trips which residents enjoyed and were part of their social care goals.

The inspector reviewed aspects in relation to fire safety precautions. While overall, the provider had put good containment systems in place, some further improvement was required.

The fire alarm system could alert staff of the presence of a potential fire with the sound of the alarm activating within the bungalow itself. However the fire panel could not identify, for staff, the exact location that triggered the alarm in the respective bungalow. Therefore, staff did not use the fire panel as part of the evacuation procedures as it was not accessible or addressable.

A review of fire evacuation drills for one bungalow did not demonstrate a timely response and this required review and improvement to ensure all residents could be evacuated from the premises in a timely manner.

In summary, residents living in this designated centre were experiencing good care with some areas that required improvement in relation to staff training in dementia supports and premises enhancement in the area of dementia design. Some improvements in relation to fire safety measures were also required, however, there was an acknowledgement that the provider had considerable plans in place to upgrade the fire alarm in all designated centres across the campus.

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 resident living in the centre.

Capacity and capability

The purpose of this inspection was to inform the registration renewal of the designated centre. The inspector found the provider was operating and managing this centre in a manner that ensured residents' needs were met by a staff team who were delivering a good standard of care.

Information, for the purposes of processing the registration renewal of the centre, had been submitted to the Office of the Chief Inspector as required.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this designated centre only. The designated centre comprised of two separate bungalows, both located in close proximity on the grounds of the congregated campus. This arrangement was a reasonable regulatory and management remit for the person in charge.

The provider had also ensured the person in charge appointed met the requirements of regulation 14 in relation to appropriate qualifications and management experience.

An annual review had been completed for 2021 by the provider. This review met the requirements of Regulation 23. The inspector noted the annual report was very comprehensive in scope, examined the provider's compliance against the disability standards and regulations, sought resident and family feedback and provided a scope of recommendations to improve the service for the next year.

The provider had also completed the required six-monthly provider led audits for the centre. These audits were also comprehensive and provided an improvement action plan to bring about enhanced compliance.

The person in charge had ensured staff were appropriately trained in mandatory areas of safeguarding, fire safety and manual handling to meet the needs of residents. Some improvement was required to ensure staff had received additional skills training to meet the assessed needs of residents in this centre in the areas of dysphagia care, dementia and positive behaviour support.

The person in charge maintained a planned and actual roster. The inspector reviewed the rosters for the centre over the previous weeks and noted overall the staffing levels in the centre had been maintained, for the most part, within the whole-time equivalent (WTE) numbers as set out in the statement of purpose.

Rosters for the centre clearly demonstrated full staff names, their role and the hours

worked in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was responsible for this designated centre which comprised of two separate bungalows, located in close proximity on the congregated campus setting.

The provider had made arrangements to ensure the person in charge had a reasonable management remit.

The person in charge had the required management qualifications and experience to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual rosters. These clearly outlined the full name of staff, the shifts that staff were working and their role.

On review of staffing rosters it was demonstrated the staffing levels and skill-mix were maintained to the levels as set out in the whole-time-equivalent numbers of the statement of purpose.

The working roster for the person in charge was also maintained and demonstrated the shifts and hours they worked each week.

Schedule 2 staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had received training in mandatory areas such as fire safety, safeguarding vulnerable adults and manual handling.

Refresher training was also made available to staff to ensure the upkeep of their skills.

However, some improvements were required to ensure staff were suitably skill and trained in areas to meet the assessed needs of residents.

- Not all staff had received training and practical assessment or in person training in the area of dysphagia management.
- Not all staff had received training in the area of positive behaviour support.
- A number of staff required training in dementia support and provision of sensory activities for residents with dementia and cognitive decline.

The person in charge had carried out supervision meetings with staff as per the the provider's supervision policy and procedures.

There were suitable arrangements to ensure an assigned person was present in the centre to supervise and guide staff practice each day.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had submitted a full and complete application to renew registration.

The provider had completed an annual report for the previous year that met the requirements of Regulation 23.

The provider had completed required six-monthly provider-led audits for the centre. These audits were comprehensive and provided an action plan to improve compliance in the centre.

The provider had also instated additional quality oversight auditing in the centre by ensuring audits and quality reviews were carried out by key qualified provider stakeholders in specific areas.

The provider had appointed a full-time person in charge for the centre that met the requirements of Regulation 14.

The provider had ensured there were clear lines of responsibility and reporting for

the management oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a good service that was meeting their social and health care needs. Improvements were required in the area of fire safety arrangements and dementia design of one residential bungalow.

There was a schedule of maintenance in place for fire safety equipment. The inspector reviewed servicing check records and noted they were up-to-date. Recorded fire drills had been carried out and documented records of these were maintained in each residential bungalow. Staff had received training in fire safety management with refresher training available and provided as required. Personal evacuation plans were in place for each resident. Containment measures were in place in the designated centre. Fire doors were fitted with door closers and smoke seals.

Improvements were required however.

The inspector noted a drill carried out in one of the residential bungalows was not completed in the most timely manner. It was not demonstrated that a review had taken place to establish where improvements and efficiencies could take place to improve the evacuation time. This required improvement.

The fire alarm system could alert staff of the presence of a potential fire with the sound of the alarm activating within the bungalow itself. However the fire panel could not identify, for staff, the exact location that triggered the alarm in the respective bungalow. Therefore, staff did not use the fire panel as part of the evacuation procedures as it was not accessible or addressable.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A copy of this plan was submitted to the Chief Inspector by way of demonstrating an assurance to

that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard in a phased manner and would include this designated centre.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, symptom checks of staff were also carried out. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

The provider had ensured a comprehensive infection control audit of the designated centre had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. The audit had recently been carried out and had identified areas for improvement, some of which had been addressed by the time of inspection.

Some infection control standard improvements implemented since the previous inspection were noted. The person in charge had arranged for residents' toiletries and personal care equipment to be segregated and suitably stored in their bedrooms to mitigate the potential for cross infection and to ensure single use only measures were in place.

However, some additional infection control standards required improvement. The inspector observed a number of tiles in the bathroom/toilet facilities of one bungalow had holes, were missing or cracked. The cupboards in the utility room required repair or replacing. The inspector observed some were damaged with the laminate observed to be peeling off some. These premises matters could not promote the most optimum infection control standards in the centre and required improvement.

It was observed that the provider had endeavoured to provide residents with a homely environment. Residents' bedrooms were nicely decorated and personalised. Residents were also provided with mobility aids and equipment to meet their assessed needs. Residents bedrooms across both bungalows were large spacious rooms which could provide residents with a suitable option to engage in personal activities if and when they wished. Overhead tracking hoists had been installed in the bungalows and accessible bathing equipment was in place also.

While these were positive environmental arrangements some further improvements were required to ensure the service was meeting the stated purpose of function it set out to meet. As discussed, one residential bungalow had recently commenced operation and was intended to provide dementia supports to residents.

While the inspector observed a number of positive arrangements in place to meet residents' mobility and accessibility needs, there were improvements required to ensure the promotion of dementia support through the provision of dementia design environmental arrangements, for example, the provision of a sensory space and the use of colour to support depth perception in key areas. It was however, acknowledged that this had been considered by the provider and person in charge

and there were plans to review this in due course.

The provider had ensured each bungalow had a separate kitchen and dining area to ensure a clean and usable space for staff to prepare residents' meals and snacks and for residents to enjoy their meals.

The inspector observed the kitchen areas in both bungalows were clean and hygienic and there were suitable food storage space for condiments, dry goods and fresh food. Residents main meals were delivered from a centralised kitchen and prepared in the kitchen before meal times. Provisions were also in place for staff to modify residents' meals as required. Residents nutrition needs had recently been assessed and there were documented plans in place to guide staff on the meal provision they required.

Since the previous inspection, it was noted residents were experiencing significantly enhanced opportunities to engage in activities outside of the congregated campus setting. This had been greatly improved due to the lessening of public restrictions, the uptake of a vaccination programme and an enhanced staff resource arrangement in the centre.

Residents were observed engaging in activities during the inspection that were in line with their personal preferences and also their age and health presentation.

The inspector reviewed matters relating to the end-of-life care and the ensuring of residents' will and preferences being met. It was demonstrated that there were arrangements in place for residents to make their preferences known and for these to be recorded. There was also evidence of staff ensuring residents' end-of-life will and preference arrangements being ensured. For example, where they wished to be buried, funeral arrangements and management of their personal possessions in line with their wishes.

Suitable arrangements had been made to ensure residents were supported as they transitioned to the recently opened second bungalow of this designated centre. A pre-admission assessment had taken place which reviewed compatibility of residents as well as ensuring their new home could meet their assessed needs. Residents had been afforded the opportunity to visit their new home and choose the design and layout of their new bedrooms, for example.

Regulation 13: General welfare and development

It was noted residents were experiencing significantly enhanced opportunities to engage in activities outside of the congregated campus setting.

This had been greatly improved due to the lessening of public restrictions, the uptake of a vaccination programme and an enhanced staff resource arrangement in the centre.

Residents were observed engaging in activities during the inspection that were in line with their personal preferences and also their age and health presentation.

Some examples observed during the inspection included: residents receiving a pet therapy visit, one-to-one hand massage, painting and art work, beauty treatments.

Other activities residents had recommenced included, trips to the local cafe, trips to a nearby beach, bus trips, horse grooming, basketball and massage therapy.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was maintained to a reasonably good standard.

The general cleanliness of the centre was adequate and the provider had made arrangements to decorate the centre to make it as homely as possible.

Residents were provided with large, spacious single occupancy private bedrooms, a separate kitchen/ dining room space with seating options, comfortable living room space and accessible toilet and bathing arrangements.

However, improvements were required to ensure residents were supported in an environment that could meet the assessed needs of residents.

Enhancement and consideration of dementia design would greater support and improve the quality of service provision in one bungalow which had been recently opened and had a purpose and function to provide dementia related care.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

It was demonstrated that there were suitable provisions in place to ensure residents were provided with nutritious meals, drinks and snacks at regular times.

There was an overall good standard of hygiene observed in the kitchen and dining area of the centre and the provider had ensured suitable provisions were in place to the storage of fresh and dry goods in the centre.

Residents' nutrition needs had recently been assessed and documented nutritional plans were in place.

Residents that required dysphagia supports had also received a recent review of

their needs in this regard and documented plans were also in place.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Suitable arrangements had been made to ensure residents were supported as they transitioned to the recently opened second bungalow of this designated centre.

A pre-admission assessment had taken place which reviewed compatibility of residents as well as ensuring their new home could meet their assessed needs.

Residents had been afforded the opportunity to visit their new home and choose the design and layout of their new bedrooms, for example.

Judgment: Compliant

Regulation 27: Protection against infection

It was noted good COVID-19 outbreak contingency planning was in place.

Alcohol hand gels were maintained at key areas, resident and staff symptom checks were taken and recorded daily. Daily cleaning checklists were maintained and updated.

Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

The provider had ensured a comprehensive infection control audit had been completed by a clinical nurse specialist in Infection Control for each residential home that made up the centre.

This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. In addition, the audit had identified some infection control risks and the inspector noted these had been suitably addressed prior to the inspection.

There were provisions for segregating dirty laundry, alginate bags were provided and used as part of overall laundry management in the centre and utility facilities provided space for staff to segregate linen and residents' clothes in a manner that supported good infection control systems.

However, some improvements were required:

- The inspector observed a number of tiles in the bathroom/toilet facilities of one bungalow had holes, were missing or cracked.
- The cupboards in the utility room required repair or replacing. The inspector observed some were damaged with the laminate observed to be peeling off some.

These premises matters could not promote the most optimum infection control standards in the centre and required improvement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire equipment for the centre had been serviced and up-to-date records maintained.

Recorded fire drills had been carried out and documented records of these were maintained in the centre.

Staff had received training in fire safety management with refresher training available and provided as required.

Personal evacuation plans were in place for each resident.

Containment measures were in place in the designated centre. Fire doors were fitted with door closers and smoke seals.

Some improvement was required:

A fire evacuation drill carried out in one of the bungalows did not demonstrate a timely evacuation time. It was not demonstrated that this matter had been reviewed to establish why the drill had not taken place in a timely manner and the areas for where improvement and efficiency could be sought. This required improvement.

The fire alarm panel for both bungalows that made up the designated centre were not addressable and therefore could not identify the source of the fire/smoke.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

A copy of this plan was submitted to the Chief Inspector following the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was demonstrated that there were arrangements in place for residents to make their preferences known and for these to be recorded. There was also evidence of staff ensuring residents' end-of-life will and preference arrangements being ensured.

For example, where they wished to be buried, funeral arrangements and management of their personal possessions in line with their wishes.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 18 OSV-0005852

Inspection ID: MON-0028025

Date of inspection: 25/05/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge will ensure staff are suitably skilled and trained in areas to meet the assessed needs of residents. All staff will complete training in the area of dysphagia management, positive behaviour support, dementia support and provision of sensory activities for residents with dementia and cognitive decline by the 30/09/22 as highlighted during quarterly supervision. The register provider has identified a Dementia CNS and has commenced with her role on 27th of June 2022 and will be providing additional supports to the service users in DC 18 and to the staff team.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Improvements has been addressed by the Home Improvement Team and MDT to ensure residents were supported in an environment that could meet their assessed needs.</p> <p>Enhancement and consideration of dementia design has been addressed to the MDT and a collaborative meeting was held on 4th of June 2022. As an outcome, an action plan has been developed based on the recommendation to meet targets to improve the quality of service provision of DC18's purpose and function to provide dementia related care.</p>	

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 premises matters identified during the inspection that impacts infection control standards in the centre and required improvement has been addressed to the home improvement team and will be actioned by 31/12/2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A repeat fire evacuation drill has been scheduled and will be carried out 05/07/2022 to re-assess evacuation time. Action plan is in place to ensure efficient and safe evacuation of the residents. Residents Night time PEEPs and evacuation plan has been updated to reflect this.</p> <p>The registered provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.</p> <p>A copy of this plan was submitted to the Chief Inspector following the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	31/12/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/07/2022