



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

Issued by the Chief Inspector

Name of designated centre:	Ceol
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	20 September 2022
Centre ID:	OSV-0007747
Fieldwork ID:	MON-0028790

About the designated centre

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

Ceol is a designated centre operated by Saint Patrick's Centre (Kilkenny). The designated centre provides a community residential service for up to four adults with a disability. The designated centre is a large purpose built bungalow located in County Kilkenny which comprises of four individual resident bedrooms, shared bathrooms, an open plan living, dining and kitchen area, visitors room and utility room. There is a private garden to the rear of the premises for residents to avail of as they please. The centre is staffed by the person in charge, staff nurse, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 September 2022	09:30hrs to 18:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and Health Information and Quality Authority (HIQA) enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet the four residents over the course of the inspection. On arrival to the house, the inspector was warmly greeted by one resident in the driveway as they were leaving to attend their day service. One resident was relaxing in the sitting room following breakfast and two residents were enjoying a lie-in. Later in the morning, the inspector met with the two residents as they prepared for the day. One resident showed the inspector their bedroom which was decorated in line with their tastes and with pictures of people important to them. The resident decided to listening to country music before going for a walk with staff. The inspector observed residents being supported with lunch and activities by the staff team. In the afternoon, one resident returned home from day services and noted that they were happy in their home. Overall, the residents appeared happy and comfortable in their home.

The house consisted of four individual resident bedrooms, shared bathrooms, an open plan living, dining and kitchen area, visitors room and utility room. Overall, the house was observed to be well maintained. The bedrooms were observed to be personalised and decorated in line with residents' preferences and tastes. Resident artworks were displayed in the hallway of the house. There was a private garden to the rear of the premises. The inspector was informed of recent work completed to enhance the garden which included painting walls, installation of flower boxes, a rewinding area, new furniture and the introduction of sensory features such as a water feature and sensory plants.

The inspector also reviewed two questionnaires completed by a resident and a representative describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents.

Overall, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were areas for significant improvement identified including governance and management, fire safety and management of resident finances. In addition, some improvements were required with infection prevention and control,

staffing arrangements and risk management.

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

Capacity and capability

This inspection found that there were local management systems in place to ensure the designated centre provided a person-centred service. On the day of the inspection, the inspector observed sufficient staffing levels in place to support the residents. However, improvement was required in the monitoring systems in place to ensure a safe and quality service and in the staffing arrangements.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two designated centres. They were supported in their role by the staff team. There was evidence of local quality assurance audits taking place. These included a personal plan audit, fire safety audit and infection control audit. However, improvement was required in the monitoring of the service. For example, the provider's annual review of quality care and support and the provider's unannounced six-monthly visits were not completed in a timely manner as required by the regulations.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, the staffing arrangements at night-time required review to ensure they were in line with the needs of residents.

The inspector reviewed a sample of staff training records and found that for the most part all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. While some staff required refresher training in de-escalation and intervention techniques, this had been self-identified by the provider and plans were in place to address this.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by three staff members. At night, one waking night staff was in place to support the four residents.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. The centre was operating with two staff members unavailable to the roster through sick leave and one whole time equivalent vacancies. The inspector was informed that this was managed through the current staff team and use of regular agency and relief staff. In addition, the provider was in the process of actively recruiting for the vacancy. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the staffing arrangements required review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. For example, one resident was assessed as requiring the support of two staff members due to their mobility needs. At night-time there was only one staff member of duty which impacted on their ability to safely evacuate the centre in case of an emergency. This is reflected in further detail in Regulation 28 below.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including infection control, fire safety, safeguarding, manual handling and feeding, eating and drinking supports. While some staff required refresher training in de-escalation and intervention techniques, this had been self-identified by the person in charge and plans were in place to address

same.

The previous inspection found that the formal supervision was not completed in accordance with organisational policy. The inspector found that this had been addressed. A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Community Service Manager, who in turn reported to the Director of Services. There was evidence of local quality assurance audits taking place including personal plans, infection prevention and control and fire safety. These audits identified areas for improvement and developed action plans in response. The inspector found that it was demonstrable that the actions were being implemented including the installation of a new shed for the storage of cleaning equipment and the completion of a recent night-time fire drill.

However, improvement was required in the effective monitoring of the service. For example, the last annual review of the quality and safety of care and support was completed by the provider was in March 2021. The inspector was informed that this had been self-identified and an annual review was in draft at the time of the inspection. In addition, the six monthly visits were not carried out in line with the regulations. The last two provider six-monthly audits were completed in May 2021 and February 2022. These audits are required by the regulations and inform quality improvement action plans. This placed the safety and quality of care and support provided to residents at risk.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The previous inspection identified that improvements were required in notifying the Chief Inspector of Social Services of incidents and accidents as required by the regulations. The inspector reviewed a sample of adverse accidents and incidents occurring in the designated centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. Residents who spoke with the inspector stated that they liked their home. Other residents who communicated using alternative communication methods were observed to appear content and comfortable in their home. However, improvement was required in the fire safety arrangements, management of residents' finances, infection prevention and control and risk management.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs.

The provider had systems in place for safeguarding residents. However, the inspector reviewed a sample of residents' finances and found that the oversight practices in place required significant improvement. For example, the assessments of residents' capacity to manage their financial affairs had not been completed in line with the provider's policy.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, significant improvement was required in

the arrangements in place for the safe evacuation of all persons in the event of a fire. Post inspection, the provider submitted assurances in relation to the evacuation arrangements.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. Staff were observed wearing PPE as required. However, some improvement was required in relation to infection prevention and control practices for the storage of cleaning equipment.

Regulation 12: Personal possessions

The systems in place for the management and oversight of residents' finances required review. For example, from a sample of residents files reviewed, the assessments of residents' capacity to manage their financial affairs had not been completed in line with the provider's policy. In addition, this inspection also found that practices were not in line with provider's policy. For example, the provider's policy outlines that a financial audit of residents' finances will be completed monthly. On review of residents' files these were completed every two months.

There was a clear and detailed system in place for the management of day-to-day spending which included daily checks and storage of receipts. However, some improvement was required in the day-to-day financial recording. For example, the inspector reviewed a sample of residents' finance ledgers and compared the figures to the actual amounts present in residents' wallets. The inspector found one record reviewed did not tally with the daily records and required review.

Previous inspections across the organisation had identified that residents did not have their own bank accounts. This was also the case within this centre. The provider was working to to rectify this.

Judgment: Not compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The residents' bedrooms were decorated with residents' personal possessions and pictures of people important to them. Resident artworks were displayed in the hallways of the centre. There was a private garden to the rear of the centre which had been recently renovated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider prepared a residents guide in respect of the designated centre which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. There was an up-to-date risk register in place which identified a number of risks. The risk register outlined the controls in place to mitigate the risks. The residents had a number of individual risk assessments on file, where required, which were up-to-date and guided the staff team.

However, the control measures outlined in two risk assessments did not accurately reflect the practice in the centre and required review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas and regular cleaning of rooms. Good practices were in place for infection prevention and control including laundry management and a color coded mop system.

However, some improvement was required in the suitable storage of cleaning equipment. Cleaning equipment was stored in an external shed. The inspector observed that two mops stored wet and water at the bottom of one bucket following cleaning which need to be drained. This practice posed a infection control risk and was not in line with the provider's infection prevention and control policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

However, significant improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time. For example, at night the four residents were supported by one staff member on a waking night shift. One resident was assessed as requiring the support of two staff members to evacuate due to their mobility needs. In the event of a fire at night-time, the provider had identified staffing supports in another designated centre, six kilometers away, to support with the evacuation of the centre.

On review of night-time fire drills carried out in the centre, it was not demonstrable that all persons could be evacuated in a timely manner. For example, there was evidence of two night-time fire drills had been completed in June 2022 and September 2022. The resident with additional mobility needs did not to participate in the June 2022 drill and the September 2022 fire drill took over 13 minutes to fully evacuate the centre due to the length of time waiting for the identified staffing support to travel from the other designated centre.

Overall, it had not been demonstrated by the provider that the right arrangements were in place to ensure that all persons would evacuate the unit in a safe and timely manner. As noted, post inspection the provider submitted assurances in relation to the evacuation arrangements.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' assessed needs. The person in charge had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the concerns in relation to management of residents' finances and fire safety which are discussed under Regulation 12 and 28, respectively, the provider had systems in place to safeguard residents.

There was evidence that incidents were appropriately reviewed, managed and responded to. Safeguarding plans were developed and in place where required. The residents were observed to appear content in their home and some residents spoke positively about living in the designated centre. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ceol OSV-0007747

Inspection ID: MON-0028790

Date of inspection: 20/09/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: SPC as provider and the PIC replied to the inspector on the 30/09/2022 as requested in relation to concerns highlighted regarding one night staff in Ceol. As outlined in the email (see also Regulation 28 further below in this compliance plan), actions were taken immediately to assure adequate fire evacuation with one night staff supporting the ladies in Ceol.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>SPC Senior Management team and Quality Department have agreed a schedule for completion of provider audits for the rest of 2022, with completion dates and assigned auditors.</p> <p>As part of this schedule the annual visit has been completed to Ceol and the draft report has been sent to the Quality Manager on the 20/09/2022. A few amendments have been requested to be completed by they auditor, which will be finalised by the current Interim Director of Service by latest 24/10/2022.</p> <p>The next 6 monthly unannounced visit is scheduled for completion by another auditor by 15/12/2022 to ensure follow up on identified areas of improvement from the most recent visits by provider and HIQA.</p>	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> - Monthly finance audits have been assigned as a delegated duty to a team member. The PIC is overseeing completion and quality of these audits through the regular Quality Conversations with the staff member and also through the monthly review meetings for the ladies living in Ceol, as part of SPC Personal Planning Framework. - Financial management assessments and annual spending plans will be completed for all ladies in Ceol by 31/10/2022. - PIC discussed completion of expenditure sheet and daily/nightly finance checks after the inspection with staff team and has added same to the agenda for team meeting on the 28/10/2022 to ensure all team members follow SPC Finance Policy. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC has reviewed the identified risk assessments to reflect current practices and follow SPC Risk management policy. Additional controls have been reviewed and removed as necessary, new risk assessments have been developed and are now reflected on Ceol risk register.</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>PIC addressed storage of cleaning equipment with the staff team immediately after the inspection took place to ensure adherence to IPC measures.</p> <p>Quality Department is developing an IPC Quality Zoom to be sent to all SPC designated centres by latest 25/10/2022 to ensure each PIC, PPIM and staff team are following through on IPC measures.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following response had been submitted to the inspector on the 30/09/2022 in relation to fire safety in Ceol with actions implemented:</p> <p>The PIC, PPIM, H & S Department, DOS, ADOS and Quality Manager discussed and implemented necessary actions since the inspection in Ceol took place.</p> <ul style="list-style-type: none"> - The PIC has overseen a night time fire drill on the 28.09.2022 (please see attached documentation). All people supported were evacuated within 8 minutes and 40 seconds. - PIC has planned to further complete and oversee regular fire drills on a monthly basis until at least the end of 2022 to ensure all team members and responding designated centre are familiar with the procedure to follow. - In line with equipment standards Arjo Huntley overhead hoist can be operated by one staff member. In line with HSE policy the PIC has now developed a risk assessment for the evacuation procedure for one lady in Ceol, who needs hoisting support. In the event of an emergency during night time, the staff member can start evacuation of the lady while awaiting staff arrival from the second designated centre. Risk assessment is in place and all team will be supported by the PIC, H & S and training department if further support is needed. - A further meeting (2 have been completed in 2022) is also scheduled with the fire trainers (fire fighter) in Ceol on Thursday 6.10.2022 to receive feedback and advise on fire evacuation. 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/10/2022
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	30/09/2022
Regulation 23(1)(d)	The registered provider shall	Not Compliant	Orange	24/10/2022

	ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	15/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/10/2022

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	25/10/2022
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.	Not Compliant	Orange	30/09/2022