



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

## Issued by the Chief Inspector

Name of designated centre:	Warrenhouse Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	17 May 2022
Centre ID:	OSV-0002338
Fieldwork ID:	MON-0028046

## About the designated centre

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

Warrenhouse Residential is a designated centre operated by St Michael's House. It provides community residential services to five female residents with intellectual disabilities over the age of 18. The designated centre is a well proportioned bungalow located in a suburban area in North County Dublin. The centre consists of five individual resident bedrooms, kitchen/dining room, a sitting room, an office, three bathrooms and a utility room. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge and social care workers. Residents have access to nursing support through a nurse on-call service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 17 May 2022	10:30hrs to 16:00hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. The inspector carried out the inspection while wearing a face covering in line with National public health guidance. This was an announced inspection and carried out for the purpose of assessing compliance with the regulations which in turn would inform the registration renewal of the centre.

The inspector had the opportunity to meet four of the five residents living in the designated centre during the inspection. Residents were keen to talk to the inspector and tell them about their home and the support they received. Residents told the inspector they liked their home and gave positive feedback on the support and care provided by the staff team.

Some residents showed the inspector their bedroom and discussed important people in their lives. They pointed out those persons in photographs on the wall of their bedroom and then discussed the personal goals they had set for the year. One of these goals was to be an audience member of a TV programme.

They had also planned to go to a concert and on a holiday later in the year. They told the inspector that they liked to do small chores in the house and go for a walk to the nearby shop and buy a paper. They said that they were much happier living in the house now as everyone got along with each other better. They said they were very happy and liked the staff and said they were good fun and good at cooking.

Another resident chose to speak to the inspector and talked about a number of matters relating how they got along with their peers, how they spent their day and some financial matters that they were getting support with from advocacy services, the staff and manager of the house.

Another resident spoke with the inspector while they were preparing a sandwich and cup of tea for themselves. They told the inspector that they were happy and content in their home. They were able to make snacks whenever they wished and sometimes did some baking and making other meals in the home. They explained the importance of ensuring they had enough vitamins to for their bone health, demonstrating a good knowledge and awareness of their own health needs. They explained that they had received the vaccine and booster against COVID-19.

Another resident was ready to go out for a while and they showed their new jacket to the inspector before heading out. They were observed engaging in pleasant conversation and interactions with staff and were looking forward to the activity planned.

A number of feedback questionnaires had been completed by residents and these were reviewed by the inspector. Overall, the feedback was very positive. Residents were very satisfied with their home and the service they received. A questionnaire

received and completed by family members for one resident was also very complimentary of the staff working in the centre but identified that better transport service provision was required to support their loved one engaging in activities outside of the centre.

The centre comprises of a detached bungalow located in North County Dublin.

The centre had undergone a suite of refurbishment works over the previous year with the upgrading of the heating and insulation systems in the home. The provider had also re-decorated the home in a number of areas, for example, the kitchen area of the home had been re-fitted with modern new kitchen units, fully equipped with cooking appliances, an integrated fridge/freezer and new counter tops.

The inspector however, observed a large collection of mould on the ceiling of the utility room. There had been an issue with condensation in the room due to the dryer. The issue with the dryer had been resolved however, the mould had yet to be suitably addressed. Some further improvements were required to toilet/bathroom facilities to ensure the most optimum infection control standards in the centre.

Overall, it was demonstrated there were good levels of compliance found. Some small improvements required in relation to fire evacuation drills and areas related to infection control.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. Due to a change in the resident group over the previous years, residents were now experiencing a more positive living arrangement with improved compatibility of residents resulting in reduced peer-to-peer incidents, as was noted and reported on previous inspections of this designated centre.

Residents spoken with and questionnaire feedback received, indicated residents liked living in the centre and were happy with the manner in which staff supported them. Residents were supported to engage in positive risk taking and to be as independent as possible in all aspects of their lives.

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

## **Capacity and capability**

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

Overall, on this inspection, it was noted the improved compatibility of residents living in the centre contributed to the enhanced quality of life and lived experience

of residents in the centre, which in turn resulted in improved compliance with the regulations on this inspection in comparison with previous inspections of the centre.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for two designated centres, the inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre.

The provider had carried out an annual review of the quality and safety of the service for 2021, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

It was also noted the annual report for the centre was of a high standard and had sought feedback from a number of sources including residents, families, staff and allied professionals linked with the service.

The person in charge carried out quality audit checks on an ongoing basis in the centre in relation to areas such as medication management, residents' finances, accidents and incidents.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. At the time of inspection there had arisen a 1 WTE vacancy, this had occurred shortly before the inspection. There were recruitment processes underway to fill that vacancy and it was demonstrated there were adequate resources within the staff team to manage this on a short term basis until such time as the vacancy was filled.

On speaking with residents and the person in charge, there were sufficient resources being made available in the centre to cover this vacancy within the staffing compliment.

A planned and maintained roster, that reflected the staffing arrangements in the centre, was in place. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. Residents told the inspector that staff were nice to them, they could ask them for help or tell them if they had a problem. Some residents said they were good at cooking and helped them identify their goals and supported them to achieve them.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, the inspector found that staff had received training in all areas identified as mandatory.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

The person in charge had arrangements in place to ensure comprehensive oversight of induction and probationary periods for all new staff. It was noted by the inspector that these were carried out in a thorough manner by the person in charge with effective action taken if and when required to ensure staff performed their roles and duties to a good standard.

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

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

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and had made positive changes to the staffing rosters and working schedules to better meet the support needs of residents.

The person in charge appointed to manage the centre, was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained a planned and actual roster.

There were a suitable number of staff with the correct skill mix in place to meet the assessed needs of residents.

At the time of inspection there had arisen a 1 WTE vacancy, this had occurred shortly before the inspection. There were recruitment processes underway to fill that vacancy and it was demonstrated there were adequate resources within the staff team to manage this on a short term basis until such time as the vacancy was filled.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development.

There was good oversight of the training needs of staff, and arrangements were made to plan for training as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had undertaken to carry out a suite of refurbishment works in this centre. This had included the upgrading of the heating and insulation arrangements for the centre and the upgrading of the kitchen.

The provider had created an annual report for 2021. The report was a comprehensive overview of the service provided and sought feedback from a number of sources which provided a rich and informative review of the service from the perspective of those using or involved with the service provided.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits on a monthly basis with the senior manager. These governance audits reviewed key quality and compliance indicators and provided an action plan for the person in charge to complete.

The provider had appointed a person in charge of the centre that met the regulatory requirements of Regulation 14.

The provider had suitably addressed a long ongoing incompatibility issue in the centre, which in turn had resulted in a more positive and improved lived experience for residents. Residents spoken with expressed satisfaction with the service they

received and liked their home.

Judgment: Compliant

## Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents living in this designated centre. Good levels of compliance were found on this inspection.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures.

As discussed, as a result of some transition processes, residents were now living in a more compatible group environment.

Some residents spoken with described how they generally got along with their peers but occasionally they didn't like things some of their peers said or mentioned. Staff were aware of this interpersonal dynamic among some residents and had measures in place to provide support and clarification in order to mitigate and mediate any misunderstandings that could arise or occur. This was an ongoing process and residents, that raised this with the inspector, indicated they understood some residents required support in this regard and were happy with the way in which staff managed this.

Overall, the frequency and intensity of peer-to-peer safeguarding incidents had considerably reduced in this centre and were now occurring rarely. There were arrangements in place to ensure should they arise they would be suitably managed and mitigated through the implementation of safeguarding and behaviour support planning in place.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. PPE was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

There were some improvements required to enhance the infection control standards in the centre to the most optimum. The inspector observed a large collection of mould on the ceiling of the utility room. This had occurred due to a build up of condensation from the dryer. While the issues with the dryer had been resolved and an extractor fan fitted in the room to mitigate condensation build up, the mould had not been treated. This required improvement.

Some additional areas that required improvement included noticeable lime scale build up around taps in some of the toilet facilities in the centre. There was also some observable rust on metal fixtures in toilets/shower rooms. A small collection of mould was also identified in another shower room of the centre but was not as considerable as that of the utility room space.

While there were some infection control improvements required, it was noted that an infection control audit by an appropriately qualified allied professional had occurred in the centre prior to the inspection. As a result of this audit, the person in charge had taken action to address a number of areas that required improvement. This demonstrated the effectiveness of such audits in promoting good quality outcomes in the areas reviewed and greater compliance with the regulations.

Some residents required modified consistency meal provisions. Associated speech and language assessments and documented planning was in place to ensure residents were provided with the most up-to-date guidelines to meet their assessed needs. It was also demonstrated that there were good links with the organisation's speech and language department with arrangements in place for timely review and response in the event of a change in residents' needs.

The kitchen was observed to be clean, well maintained and adequately stocked with fresh, frozen and dry goods with additional condiments for preparing meals. Staff had received training in food hygiene. Colour coded chopping boards and open dates were recorded on foods stored in the centre.

As required, residents had an associated modified consistency meal plan in place and a meal planner recorded and displayed in the kitchen. The dining area was large and spacious to ensure residents had a pleasant space and surroundings to enjoy their meals while ensuring there was enough space for staff to support residents if required.

The inspector observed some residents independently making snacks for themselves and demonstrating knowledge about their nutritional needs, for example, some residents told the inspector they knew the importance of having an adequate intake of Vitamin D for their bone health.

Overall, residents used verbal communication as their primary mode of communication. Staff understood residents' communication styles well and were observed responding to and understanding residents verbal interactions with them during the course of the inspection.

If required, residents had access to allied health and social care professionals who were employed by the provider to assess their communication needs and advise on

their support plans.

Residents had access to telephone and media such as radio and television. Residents were also provided with access to the Internet and were supported to use their own personal electronic devices and mobile phones. Some residents were observed using the house phone to make dental appointments independently during the course of the inspection.

The provider had made arrangements to ensure there were suitable fire safety precautions in place in the centre. The provider had recently upgraded the fire alarm panel in the centre. This was an addressable system and located in the hallway of the centre which was an accessible location on the main evacuation route of the home.

Fire safety servicing checks were carried out for emergency lighting, the alarm system, fire blanket and extinguishers in the centre. Additional fire safety checks were also carried out by staff and recorded.

Each resident had a personal evacuation plan in place which set out the supports they would require in the event of an evacuation, the route they would use during the night time and how much support they required. Fire drills had been carried out and their outcome recorded. Additional drills were performed to improve evacuation times on foot of the review of these drills. Drills had been carried out for day and night time to assess the effectiveness of the arrangements.

One resident bedroom had a fire evacuation door which ensured the bedroom did not constitute an inner room. However, on review of the fire drills and procedures for evacuation of residents, it was not demonstrated that staff or the resident were using that evacuation door and were practicing travelling through the living room space to the hall and evacuating out the front door.

This meant that while appropriate evacuation routes had been put in place for the resident, staff and the resident were not practicing using that route as part of the fire evacuation drills for the centre. This required improvement to ensure the personal evacuation plan for the resident identified the route in their bedroom as their evacuation route at night time, the evacuation procedures reflected this also and that drills practiced this arrangement.

## Regulation 10: Communication

Overall, residents used verbal communication as their primary mode of communication. Staff understood residents' communication styles well and were observed responding to and understanding residents verbal interactions with them during the course of the inspection.

If required, residents had access to allied health and social care professionals who were employed by the provider to assess their communication needs and advise on

their support plans.

Residents had access to telephone and media such as radio and television.

Residents were also provided with access to the Internet and were supported to use their own personal electronic devices and mobile phones.

Some residents were observed using the house phone to make dental appointments independently during the course of the inspection.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' assessed food and nutritional needs were well managed in the centre.

Fresh and dry food was stored in hygienic conditions with open dates documented and labelled on foods stored in the fridge.

Residents speech and language assessed needs were regularly reviewed and updated by an appropriately qualified allied professional. It was demonstrated there was comprehensive, timely and regular review of residents assessed needs in this regard.

Residents were supported to attend dental appointments and arrangements were in place to support residents to attend dental appointments as required.

The provider had made arrangements for equipment, for modifying meals, were available in the centre.

Residents meals were planned ahead of time, with a documented meal planner in place in each kitchen area and a copy of each residents' nutritional and dysphagia plan readily available in the kitchen, for staff to refer to, if required.

The dining area was bright, spacious and well ventilated. It provided a pleasant area for residents to enjoy their meals and located near the kitchen where they could smell food being prepared, which in turn added to the appetising nature of meal provision in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19.

There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

A comprehensive infection control audit had taken place in the centre in the weeks prior to the inspection. This had identified a number of areas that required improvement. The person in charge had made good arrangements to address the findings from the audit which in turn contributed to the overall positive findings on this inspection relating to infection control.

Some additional improvements were required in the area of infection control to ensure the most optimum arrangements were in place.

- There was a noticeable large collection of mould present on the ceiling of the utility room.
- Some small areas of mould were observed in the toilet/shower rooms in the centre.
- There was a noticeable build up of lime scale and rust on some of the taps and metal fixtures in showers/toilets of the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had made arrangements to ensure there were suitable fire safety precautions in place in the centre. The provider had recently upgraded the fire alarm panel in the centre.

Fire safety servicing checks were carried out for emergency lighting, the alarm system, fire blanket and extinguishers in the centre. Additional fire safety checks were also carried out by staff and recorded.

Each resident had a personal evacuation plan in place which set out the supports they would require in the event of an evacuation, the route they would use during the night time and how much support they required. Fire drills had been carried out and their outcome recorded.

Additional drills were performed to improve evacuation times on foot of the review of these drills. Drills had been carried out for day and night time to assess the effectiveness of the arrangements.

One resident bedroom had a fire evacuation door which ensured the bedroom did not constitute an inner room. However, on review of the fire drills and procedures

for evacuation of residents, it was not demonstrated that staff or the resident were using that evacuation door and were practicing travelling through the living room space to the hall and evacuating out the front door.

This meant that while appropriate evacuation routes had been put in place for the resident, staff and the resident were not practicing using that route as part of the fire evacuation drills for the centre.

This required improvement to ensure the personal evacuation plan for the resident identified the route in their bedroom as their evacuation route at night time, the evacuation procedures reflected this also and that drills practiced this arrangement.

Judgment: Substantially compliant

## Regulation 8: Protection

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The provider had ensured staff were trained in adult safeguarding policies and procedures. As a result of some transition processes, residents were now living in a more compatible group environment.

Some residents spoken with described how they generally got along with their peers but occasionally they didn't like things some of their peers said or mentioned. Staff were aware of this interpersonal dynamic among some residents and had measures in place to provide support and clarification in order to mitigate and mediate any misunderstandings that could arise or occur.

Overall, the frequency and intensity of peer-to-peer safeguarding incidents had considerably reduced in this centre and were now occurring rarely. There were arrangements in place to ensure should they arise they would be suitably managed and mitigated through the implementation of safeguarding and behaviour support planning in place.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Warrenhouse Residential OSV-0002338

Inspection ID: MON-0028046

Date of inspection: 17/05/2022

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> <li>• Mould in utility room has been treated and pvc cladding(white rock) has been placed on walls and ceiling in utility room to prevent future mould build up 02/06/2022</li> <li>• Replacement of taps and metal fixtures with lime scale and rust buildup in the shower / toilets of the centre.</li> <li>• Treatment and guidance for maintenance of shower room to prevent mould build up</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Personal evacuation plan was updated to reflect changes on use of evacuation route which now identifies the route in the resident's bedroom.</li> <li>• Firedrill completed to reflect changes on evacuation plan and evacuation route.</li> </ul>	

## 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.	Substantially Compliant	Yellow	31/07/2022
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.	Substantially Compliant	Yellow	20/05/2022