

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

Issued by the Chief Inspector

Name of designated centre:	Coill Darach
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	26 July 2022
Centre ID:	OSV-0002572
Fieldwork ID:	MON-0028360

About the designated centre

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

This designated centre provides full-time 24 hours nurse led residential care for up to seven adults over the age of eighteen years, both male and female with an intellectual disability. The centre is based on the outskirts of a large town in Co. Meath. The centre consists of a kitchen/dining room, a sitting room, two offices, seven bedrooms (six bedrooms share three en-suite facilities, one bedroom has a private en-suite) and one separate bathroom. There is a patio area at the back of the house overlooking a large garden. The centre has its own transport which is wheelchair assessable. There is a full-time person in charge employed in this centre along with seven nurses and twelve care assistants. The residents are supported by the staff during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 26 July 2022	09:45hrs to 18:20hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care which was meeting their assessed needs. Some improvements were required in relation to general welfare and development, staffing, premises, protection against infection, and notification of incidents. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet with four of the six residents that lived in the centre. Some residents had alternative communication methods and they did not share their views with the inspector. They were observed at different times during the course of the inspection.

On the day of inspection four residents had attended their day service where they completed art and baking and one additionally went out for dinner that day. Two residents had the option of attending the day service but declined. One of the residents spent some time on the patio and went out for dinner. The last resident chose to stay in the centre as wanted to observe the inspection process. They relaxed in the sitting room watching concerts on the centre's new television.

The inspector spoke with two residents and they said they felt listened to and had choice about what meals to have each day. One resident said that for the most part they can choose what activities they do each day. Both residents said that they liked their bedrooms and that the staff that worked in the centre were nice.

The centre appeared clean, tidy and had adequate space for privacy and recreation for residents. Each resident had their own bedroom and rooms were individually decorated to suit their tastes and personal pictures were displayed on their walls. However, improvement was required to the centre's storage to ensure there was appropriate storage facilities for residents' personal belongings. In addition, improvement was required to some of the finishes of the works that were completed in the centre earlier in the year. These areas will be discussed further in the report.

The property had a side patio that had been newly renovated to provide better access for residents. It had some brightly painted walls, a water feature, wind chimes, potted plants, a seating area and a table. There was also a bird feeder as some residents liked to bird watch. In addition, vegetables were being grown in some raised beds and one particular resident liked to water them. The centre also had access to another shared garden that was beside the centre. It contained some sensory equipment, such as a water feature and two safety swings.

In addition to the person in charge and two senior staff nurses, there were five staff members on duty on the day of the inspection. Staff spoken with demonstrated that they were familiar with the residents' care and support preferences. They were observed to engage with residents in a manner that was friendly and attentive.

Resident and staff interactions appeared to be relaxed.

A recent bereavement occurred in the house and the inspector observed that residents were supported to grieve. For example, they had a private memorial service for the resident in the centre.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of a family representatives. They indicated that the residents were happy about all aspects of their care and supports apart from one resident was neutral regarding their involvement in deciding on activities in the centre. One questionnaire stated that a resident would like to have access to a swimming pool or hydro pool. One family member stated that they had nothing only praise for the staff and manager. Another family member stated that they felt their family member was getting the supports they required to achieve their goals.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire in 2021. Feedback received from families indicated that people were satisfied with the service. One family stated that "It's a wonderful happy home for all the residents". Another family stated that they were a very happy and content parent knowing the wonderful care their family member received.

The resident questionnaires indicated that for the most part people were satisfied with the service. When asked if they get to do activities that make them happy each day, one resident's questionnaire indicated that most days they do.

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

Capacity and capability

The inspector found there were management systems in place to ensure safe quality care was being delivered to the residents to meet their assessed needs. However, improvements were required to ensure the centre was adequately resourced each day. Additionally, improvement was required to ensure all restrictive practices within the centre were reported to the Chief Inspector of Social Services (the Chief Inspector).

There was a defined management structure in place which included the person in charge and they were supported by two senior staff nurses. The person in charge was employed in a full-time capacity in the organisation. They had the experience and qualifications to fulfil the role.

The provider had carried out an annual review of the quality and safety of the service provided and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits, the inspector found that the majority of actions identified had been followed up on, with an action plan in place to complete the remainder of the actions. There were other local audits conducted in areas, such as person centred planning, finance, infection prevention and control, fire safety, and medication.

From a review of the rosters, the inspector saw that there was an actual and planned roster in place. The inspector observed that there were some occasions over the last couple of months when the centre was operating below the optimum staffing quota of nursing staff or health care assistants. From speaking with the person in charge, some staff members and from a review of records, this had on occasion affected some residents' ability to be able to leave the centre to take part in external activities. In addition, health care assistants were not provided training in epilepsy or emergency medication and this additionally affected residents' ability to go on external activities if a nurse was not present or available at the time.

The inspector reviewed a sample of staff files and found that the provider had ensured that information required under Schedule 2 of the regulations was present for employees, in order to ensure recruitment procedures were safe.

Staff had access to the necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. Staff training included, fire safety, safeguarding of vulnerable adults, medication management, and a range of infection prevention and control (IPC) trainings. Some staff refresher training was scheduled for staff to attend in the coming weeks.

There were regular staff meetings occurring in the centre. In addition, there were formalised supervision arrangements in place. The provider had identified that supervision was not being completed as frequently as outlined in the organisation's policy. In response, the newly appointed person in charge had completed supervision with each staff member and had a schedule in place to complete the next supervision in line with the organisational policy. This schedule was shown to the inspector.

While the Chief Inspector was notified in line with the regulations regarding some occasions in which a restrictive practice was used in the centre, the most recent notification did not notify all restrictive practices in place.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity within the organisation and they had the experience and qualifications to fulfil the role. They were supported in their role by two senior staff nurses in order to ensure effective oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place. The inspector observed, that there were some occasions over the last couple of months, that the centre had operated below the optimum staffing quota of nursing staff or health care assistants. From speaking with the person in charge, some staff members and from a review of records, this had on occasion affected some residents' ability to be able to leave the centre to take part in external activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to the necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs, for example safeguarding training. Some staff refresher training was scheduled for staff to attend in the coming weeks.

There were formalised supervision arrangements in place and the newly appointed person in charge had completed supervision with all staff members and a schedule in place for future dates.

Judgment: Compliant

Regulation 23: Governance and management

There was defined management structure in the centre with clear lines of

accountability. The centre was in receipt of several audits, such as the provider lead six-monthly visits as required by the regulations to review and improve the quality of services being provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in line with the regulations regarding some occasions in which a restrictive practice was used in the centre. However, the most recent notification did not notify all restrictive practices in place.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were in receipt of good quality care and supports that were individualised and focused on their needs and for the most part, residents enjoyed a good quality of life in the centre. However, improvements were required in relation to general welfare and development, premises, and protection against infection.

There were arrangements in place to assess residents' needs and review the efficacy of the support plans in place with input from allied healthcare professionals as appropriate. There were personal plans in place to support residents with identified needs including communication plans, epilepsy care plans, speech and language dietary plans, and prevention of falls care plan. Residents were supported by staff to set goals for themselves for 2022 and goals were reviewed monthly with residents at their key-worker meetings.

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), dietitian, chiropodist, and occupational therapist (O.T) as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Residents had access to clinical psychologists in order to support them to manage behaviour positively if required. There were positive behaviour support plans in place as appropriate to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for

residents' safety and they were subject to review. Restrictions in place included, a locked press for chemical products and bedrails on beds while residents were sleeping.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances, such as finance audits were completed monthly. There were detailed intimate care plans in place for residents which guided staff on how best to support them and inform staff of their preferences. There was one open safeguarding incident in the centre at the time of the inspection. It was notified to the Chief Inspector and it was being dealt with in an appropriate manner by the provider.

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. There were weekly residents' meetings and monthly key-worker meetings. Residents spoken with said they felt they did have choice about how they spent their day and what they ate.

There were improvements in residents' participation in external activities since the last HIQA inspection, with the addition of a day service in a nearby community hall. This was run by the centre three days a week while the residents waited to be accepted into external day services as there had been a delay in residents recommencing days services after COVID-19. However, further improvement was required for residents to be provided with additional opportunities to participate in activities in accordance with their interests. There were some days that some residents participated in minimal in-house recreational activities and some days when they did not have an opportunity to leave the centre due to staffing levels.

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

From a walkabout of the centre, the inspector found the house to have adequate space and was laid out to meet the needs of the residents. Planned works on the bathroom had been completed by the time of this inspection. However, some improvements were required to the decoration and storage solutions in the premises. For example, some internal paint work was scuffed or required to be touched up. Due to the lack of suitable storage space for larger pieces of residents' equipment, two residents' comfort chairs were being stored in their bathrooms when not in use. In addition, the storage facilities in one resident's bedroom was not adequate as they only had a four compartment storage unit for storing their belongings since their room had been redecorated.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a risk register in place. Risk assessments were within review periods and there were a number of centre risk assessments along with individualised risk assessments in order to support residents and keep them safe. Equipment provided by the centre used to support residents were all serviced within the last year.

The inspector reviewed arrangements in relation to infection control management in

the centre. There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, it required review as the plan did not include guidance to staff in some areas. For example, the exact location of personal protective equipment (PPE) doffing stations in line with best practice in the case of a suspected or confirmed case. In addition, improvement was required to the storage of some PPE as it was stored directly on a concrete shed floor and two comfort chairs belonging to residents had tears on them making them not conducive for cleaning.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP) in place and monthly fire drills were being conducted in the centre which included when there were minimum staffing levels present.

Regulation 13: General welfare and development

While there were improvements in residents' participation in external activities since the last HIQA inspection, with the addition of a day service in a nearby community hall, further improvement was required. There were some occasions when some residents did not have an opportunity to leave the centre due to staffing levels. In addition, on some days they had participated in minimal in-house recreational activities.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found the centre had sufficient space and was laid out to meet the needs of the residents. However, some improvements were required to the decoration and some storage solutions in the premises. For example, some internal paint work was scuffed or required to be touched up in parts. Due to insufficient storage space for residents' equipment, two residents' comfort chairs or wheelchairs were being stored in their bathrooms when not in use. The storage facilities in one resident's bedroom was not sufficient as they only had a four compartment storage unit for storing their belongings. In addition, one resident required some personal items and pictures to be rehung on their wall after their room was redecorated several months prior.

Judgment: Substantially compliant

<p>Regulation 20: Information for residents</p>
<p>There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.</p>
<p>Judgment: Compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, the plan required further review as it did not include guidance to staff in some areas. For example, the exact location of PPE doffing stations in line with best practice, type of eating utensils and crockery for residents use if confirmed positive of an infectious illness, and exit and entry points to be used in the event of an outbreak. Improvement was also required to the storage of some PPE as it was stored directly on a concrete floor in a shed. In addition, two comfort chairs belonging to residents had tears on them making them not conducive for cleaning.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were fire evacuation plans in</p>

place for residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were arrangements in place to assess residents' needs and review residents' support plans. There were personal plans in place for identified needs including plans to support residents with specific health care needs. Residents were supported by staff to set goals for themselves and goals were reviewed with residents at their monthly key-worker meetings.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. For example, residents had access to a physiotherapist and a dentist as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to support residents' positive behaviour support needs. For example, residents had access to clinical psychologists in order to support them to manage behaviour positively if required. There were positive behaviour support plans in place when required to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and they were subject to review. Restrictions in place included, a locked press for residents' finances and lapbelts on wheelchairs.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. These included a safeguarding policy and staff were appropriately trained. There were arrangements in place to safeguard residents' finances, such as monthly finance audits. There were detailed intimate care plans in place for residents which guided staff on how best to support them and inform staff of their preferences. At the time of the inspection there was one open safeguarding incident in the centre that was notified to the Chief Inspector and it was being dealt with in an appropriate manner by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents rights. For example, there were weekly residents' meetings and monthly key-worker meetings. Residents spoken with said they felt they did have choice about how they spent their day and what they ate.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coill Darach OSV-0002572

Inspection ID: MON-0028360

Date of inspection: 26/07/2022

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: There is a minimum staffing quota that is rostered on a daily basis and this is increased to meet the personal and social care needs of residents based on activities, community outings, appointments and planned holidays or day trips. Staff resources are reviewed weekly by the PIC with the staff team to ensure adequate staffing.</p> <p>Additional staffing resources can be obtained and shared on campus by the neighbouring Designated Centre for unforeseen roster shortages, regular agency staff are also utilised which supports continuity during periods of roster shortages.</p> <p>Staffing levels are monitored closely by the PIC to ensure there is sufficient staff rostered daily to attend to all resident’s personal, health and social care needs and offer meaningful activities to all residents who wish to partake.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Restrictive practice not reported in Quarter (1) 2022 was rectified in the NF39 submitted for Quarter (2) on the 29-07-2022. A restrictive practice log has been put in place listing all restrictive practices in the centre to mitigate this error from reoccurring going forward.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Additional staffing resources can be obtained and shared on campus by the neighbouring Designated Centre for unforeseen roster shortages, regular agency staff are also utilised which supports continuity during periods of roster shortages.</p> <p>Approval has been received for the funding of an external day service for residents in the centre, this is currently being progressed by the PIC with the day service provider.</p> <p>An assessment of individual residents daily activity requirements has been carried out with each individual and their key worker in accordance with their wishes, individual needs and choices.</p> <p>Residents are afforded opportunities to participate in activities of their choice outside of the Centre as well as within the Centre, an activity schedule has been developed with each individual, all staff rostered in the centre ensure that activities are carried out on a daily bases and recorded in the residents daily activity schedule.</p> <p>The nurse in charge each day will have oversight of the activity schedules ensuring compliance and the PIC will carry out monthly audits of all activities in the Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Areas requiring painting will be complete by 31-10-2022</p> <p>One particular resident was supported to purchase additional storage for their personal possessions following redecorating of their bedroom.</p> <p>A meeting is planned with HSE Estates Department on the 15-09-2022 to discuss design options to facilitate the storage of resident's chairs when not in use. A Business case will be developed and escalated to the General Manager to request funding for required development works. The development works required to provide further storage for items of equipment used by residents will be progressed</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 covid response plan has been updated. A new guidance document has been developed and put in place in the Designated Centre detailing the exact location of PPE doffing stations in line with best practice, type of eating utensils and crockery for residents to use if confirmed positive of an infectious illness and the exit and entry points to be used in the event of an outbreak.</p> <p>Storage of any PPE in the outside storage facility at the designated centre has been elevated off the concrete floor in a shed.</p> <p>One specialized chair has been returned to the HSE Occupational Therapy stores department as it is no longer required in the Designated center. The second chair has been reviewed by the Occupational therapist and an order has been placed for it's repair. Due to the specialised nature of the chair there is a waiting time for delivery of the parts required. Expected date for delivery is on or before 28th October 2022. In the meantime a risk assessment is in place and the frequency of cleaning has been reviewed to mitigate or reduce any possible infection risk.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/12/2022
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	27/07/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	28/10/2022

	designated centre are clean and suitably decorated.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
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	28/10/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	29/07/2022

