



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

## Issued by the Chief Inspector

Name of designated centre:	Ladywell Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0003025
Fieldwork ID:	MON-0039215

## About the designated centre

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

Ladywell Lodge is a centre situated on a campus based setting in Co. Louth. It provides 24hr residential care to up to eight male and female adults some of whom have complex medical needs. The centre is divided into two separate units which are joined by a communal reception area. Each unit comprises of a large dining/sitting room, additional small communal rooms, adequate bathing facilities, laundry facilities and an office. Residents have their own bedrooms. There is a large kitchen shared by both units where residents can prepare small meals and bake. Meals are provided from a centralised kitchen on the campus. Both units have access to a shared garden area where furniture is provided for residents use. The centre is nurse-led meaning that a nurse is on duty 24 hours a day. Health care assistants also play a pivotal role in providing care to residents. The person in charge is employed on a fulltime basis and is only responsible for this centre. They are supported in their role by a clinic nurse manager in order to ensure effective oversight of this centre. Residents are supported to access meaningful day activities by the staff in the centre. There are two buses available in the centre so as residents can access community facilities.

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

Number of residents on the date of inspection:	7
--	---

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 April 2023	09:30hrs to 16:20hrs	Anna Doyle	Lead
Wednesday 19 April 2023	09:30hrs to 15:45hrs	Sarah Barry	Support
Wednesday 19 April 2023	09:30hrs to 16:20hrs	Florence Farrelly	Support

## What residents told us and what inspectors observed

Following an inspection of this centre in December 2022, the registered provider was requested to attend a cautionary meeting with the chief inspector to discuss the concerning findings from that inspection. This inspection was conducted to follow up on the providers compliance plan submitted following the inspection in December.

Overall, the inspectors found that since the last inspection there had been significant improvements in the quality of life of residents. Some improvements were still required in staffing, records, health care, premises and infection prevention and control (IPC) to ensure ongoing compliance with the regulations.

On arrival to the centre most of the residents were enjoying a lie on; and some staff were providing support to residents to prepare for the day ahead. Inspectors reviewed a number of records, observed practices and spoke to three residents, staff, the person in charge and the clinic nurse manager.

Some activities had been planned for the day. For example; one resident was going to the local barbers to have their hair cut. During the inspection residents were engaged in meaningful activities. One resident was going out for coffee and another resident was going to meet with their friends.

Since the last inspection, a second vehicle had been purchased which enabled more residents to access community facilities. The residents were now attending community amenities on a regular basis. For example; a review of a sample of residents' records showed that residents had been to a Saint Patrick's day parade, had celebrated significant birthdays, visited local football clubs, were going out for dinner, drives, shopping for their own clothes, doing gardening and connecting with family. However, as discussed in the next section of this report, some days there were not enough drivers on duty to enable residents access community amenities.

Residents also had developed some meaningful goals for the coming months. For example; one resident was planning a trip to the races. Another resident who enjoyed eating garlic chips was now in the process of growing their own potatoes and garlic in the garden with a view to cooking and preparing this meal themselves.

At the last inspection the premises were found not compliant. This was mostly due to maintenance work that needed to be completed and had not been done in a timely manner. Most of these issues had been addressed. For example; at the last inspection the interior windows needed to be painted and this had now been completed. On a walk around of the centre, the inspectors observed that the centre was clean and decorated to a good standard. Two of the bathrooms needed to be addressed as the floor surfaces were uneven and there were some small holes in the wall that could be a potential IPC risk. Another resident was doing up their bedroom to ensure that it contained more sensory objects which they may benefit from. The registered provider had a plan to address both of these issues by July

2023.

Since the last inspection the garden area had been cleaned up and a seating area was provided for residents to enjoy. Some residents were also enjoying gardening now.

Two of the residents met said that they were happy living in the centre and enjoyed activities available to them. One resident said that they were not happy living in the centre. This was followed up by an inspector and is discussed in the next paragraph of this report.

At the time of the inspection, two residents were being supported with their rights. For example; one resident had moved to the centre late last year due to a change in their health care needs. This resident indicated to an inspector on the day of the inspection that they did not like living in the centre. When an inspector reviewed this with the person in charge, they informed the inspector that the resident was currently being supported by an assistant decision making coordinator employed in the wider organisation to ensure that the residents' rights were upheld. This support included giving the resident accessible information to enable them to make decisions about their future support needs and where they might like to live. For example; an easy read story had been compiled explaining the changes in the residents health care needs and how this impacted their current needs and where they may live in the future.

Another resident was being supported to manage their finances in line with their wishes. For example; education was being provided to the resident about budgeting.

Residents appeared relaxed in their home and comfortable in the presence of staff. Interactions between staff and residents was respectful and jovial. On the day of the inspection some staff were also attending training specific to residents who may have autism. The training was a sensory interactive session which enabled the staff to feel and understand the 'lived of experience' for some people who have autism. This would enable staff to understand what people with autism maybe experiencing and what supports they may need to help them.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

This inspection was carried out as a follow up to an inspection of this centre in December 2022 at that time the inspector found that the governance and management arrangements in place on the day of the inspection were not adequate

and did not provide sufficient oversight of the quality and safety of care. The staffing levels and skill mix in the centre did not adequately assure that staff had the necessary skills and knowledge to support the residents with all of their needs. This had resulted in a number of regulations requiring significant improvements.

Overall, on this inspection, the inspectors found that the provider had implemented the actions from the compliance plan submitted following the last inspection. This was contributing to positive outcomes for the residents living in the centre. The actions taken by the provider are discussed in more detail under the relevant regulations. However, some minor improvements were still required in staffing, records, healthcare, premises and infection prevention and control (IPC) to ensure ongoing compliance with the regulations.

In addition, since the last inspection, the Health Information and Quality Authority (HIQA) received unsolicited information in relation to this centre to do with fire safety. Following this the registered provider was issued a provider assurance report requesting written assurances around fire safety in the centre. The registered providers response provided assurances at that time. This information was followed up at this inspection and inspectors found that fire safety measures were effective.

The governance and management arrangements in the centre had improved since the last inspection. A new person in charge had been appointed who was now employed full time in this centre and only had responsibility for this designated centre. This meant that there was more oversight in the centre from a manager. The person in charge reported to the director of care and support and since the last inspection, numerous meetings had been held to discuss the quality and safety of care of the residents.

The person in charge was a qualified nurse and had three years supervisory experience as required under the regulations. They had a good knowledge of the residents' needs and were aware of their responsibilities under the regulations. The person in charge was also supported by a clinic nurse manager.

Records pertaining to governance and management arrangements were reviewed. All audits conducted in the centre were put onto an overall quality enhancement plan for the centre. This enabled the person in charge to oversee and ensure that all actions were being completed from audits. A review of this plan showed that actions were being taken to improve the quality of life of residents. For example; one resident was to develop more social goals in line with their preferences. This resident had now started attending the community library.

Since the last inspection, the staffing arrangements had been reviewed to ensure that residents were provided with consistency of care and to ensure that nursing care was provided where required. Some vacancies had also been filled which reduced the need for agency staff. Where relief staff/agency were assigned they received induction training. For example; on the morning of the inspection a new agency staff had started and the person in charge had started inducting the staff member before inspectors arrived in the centre. In addition, at least two nurses were on duty each day to ensure that the appropriate skill mix of staff was on duty.

At the time of the inspection there was still some vacancies that needed to be filled and the provider needed to address the fact that some days there were no drivers on duty to bring residents out in the community. This had been raised by the person in charge to senior managers recently and at the time of the inspection was not fully addressed.

Training records had been reviewed and all staff had been provided with training and refresher training to ensure that they had the skills to meet the residents' needs. This had not been in place at the last inspection. Supervision had also been completed with all staff since the last inspection.

For the most part the records stored in residents files were well maintained and up to date. However, some of the records contained conflicting information. For example; in one record it stated that a resident required a specific test annually whereas in another record it said it was not required. This could lead to confusion and needed to be addressed.

#### Regulation 14: Persons in charge

A new person in charge had been appointed who was now employed full time in this centre and only had responsibility for this designated centre.

The person in charge was a qualified nurse and had three years supervisory experience as required under the regulations. They had a good knowledge of the residents' needs and were aware of their responsibilities under the regulations. The person in charge was also supported by a clinic nurse manager.

Judgment: Compliant

#### Regulation 15: Staffing

Since the last inspection, the staffing arrangements had been reviewed to ensure that residents were provided with consistency of care and to ensure that nursing care was provided where required. Some vacancies had also been filled which reduced the need for agency staff. Where relief staff/agency were assigned they received induction training. For example; on the morning of the inspection a new agency staff had started and the person in charge had started inducting the staff member before inspectors arrived in the centre. In addition, at least two nurses were on duty each day to ensure that the appropriate skill mix of staff was on duty.

There was sufficient staff on duty to meet the needs of the residents. A planned and actual rota was maintained in the centre reflecting the staff on duty both during the

day and at night time in the centre.

A sample of staff files reviewed were found to contain the relevant documents required under the regulations.

However, at the time of the inspection there was still some vacancies that needed to be filled and the provider needed to address the fact that some days there were no drivers on duty to bring residents out to the community. This had been raised by the person in charge to senior managers recently and at the time of the inspection was not fully addressed.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Since the last inspection all staff had received training and/or refresher training in order to meet the needs of the residents. Additional training had also been provided in person centred planning, and all staff had completed a specific first aid technique for one resident so as they had the skills to support this resident.

On the day of the inspection some staff were attending training specific to residents who may have autism. The training was a sensory interactive session which enabled the staff to feel and understand the 'lived of experience' for some people who have autism. This would enable staff to understand what people with autism maybe experiencing and what supports they may need to help them.

All staff had received supervision and the person in charge had a schedule for the year, to ensure that this was planned for. Staff were appropriately supervised as a nurse was allocated as the shift leader each day. The person in charge was now employed on a full-time basis in the centre. Staff meetings were held to review the care and support being provided. Staff spoken with stated that, they felt supported in their role and could raise concerns to the management team if required.

Judgment: Compliant

### Regulation 21: Records

For the most part the records stored in residents files were well maintained and up to date. However, some of the records were contained conflicting information. For example; in one record it stated that a resident required a specific test annually whereas in another record it said it was not required. This could lead to confusion

and needed to be addressed.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management arrangements in the centre had improved since the last inspection. The person in charge was now employed full-time in this centre and only had responsibility for this designated centre. They were also supported by a clinic nurse manager at the time of this inspection to ensure that actions from the last inspection were addressed. Regular staff meetings were being held to ensure that all staff were kept up to date about changes in the care and support being provided.

The registered provider had undertaken a review of some of the auditing practices in the centre and found that they were not effective. For example; the way in which training of staff and maintenance was managed required improvements. The registered provider was implementing a new computer based system to address this going forward. In the meantime the provider had a system in place to manage this and since the last inspection all of the maintenance works were completed or there was a plan to address them.

Records pertaining to governance and management arrangements were reviewed. All audits conducted in the centre were put onto an overall quality enhancement plan for the centre. This enabled the person in charge to oversee and ensure that all actions were being completed from audits. A review of this plan showed that actions were being taken to improve the quality of life of residents. For example; one resident was to develop more social goals in line with their preferences. This resident had now started attending the community library.

The annual review for 2022 had also been completed at the end of March 2023. This included feedback from families and their representatives, which was overall very positive. One family member had raised a concern about access to the residents general practitioner. The person in charge intended to discuss this with the concerned family representative.

The registered provider had changed one of the buses in the centre and an additional bus had been purchased to enable residents access community facilities. At the last inspection the transport available could only accommodate one wheelchair user.

Judgment: Compliant

### Quality and safety

At the last inspection, the inspector was not assured that residents were in receipt of a safe quality service in this centre and significant improvements were required to the premises, risk management, healthcare and the general welfare and development of residents. Since then, the registered provider had taken a number of actions which were contributing to positive outcomes for residents. Some minor improvements were still required in healthcare, premises and infection prevention and control (IPC).

Each resident had a personal plan which included an up-to-date assessment of need. At the last inspection a number of improvements were required to ensure that residents' health care needs were being addressed. The provider had put plans in place to address this. For example; all residents' personal plans had been audited to ensure that the information was up to date and relevant to the resident's needs.

Inspectors found that for the most part residents' health care needs were being met. Some plans were very detailed up to date and outlined the care and support that residents required. Staff were also knowledgeable around the residents' needs. However, some improvements were required to one residents support plans. For example; a resident who had refused a medical treatment did not have it outlined in the plan whether the prescribing doctor had been informed.

Residents were now being supported to have meaningful days. This was not the case at the last inspection. The registered provider had implemented a number of improvements to ensure that residents had access to meaningful activities. For example; a review of records showed that residents had been to a Saint Patrick's day parade, had celebrated significant birthdays, visited local football clubs, were going out for dinner, drives, shopping for their own clothes, doing gardening and connecting with family.

The premises were clean, homely and residents appeared relaxed in their home. Each resident had their own bedroom which were decorated in line with their personal preferences. One residents bedroom required some attention. The actions in relation to maintenance issues had been addressed since the last inspection with the exception of one. This was due to additional work being required. Improvements were therefore still required to ensure that this work was completed.

Since the last inspection the registered provider had ensured that all risk assessments and the risk register were updated.

The registered provider had reviewed the fire safety measures in the centre. As discussed in section one since the last inspection HIQA were in receipt of information concerning fire safety and as a result the provider was required to submit written assurances to the chief inspector. Inspectors found that the registered provider had systems in place to manage fire in the centre including that staff were aware of who to call in the event of a fire. Fire drills had been conducted to ensure a safe evacuation of the centre. Staff had been provided with training in fire evacuation procedures.

The provider had implemented the actions from the last inspection which meant that there were systems in place to manage infection prevention and control. For example; all of the issues in relation to the premises that could pose an infection prevention and control risk had been addressed or would be addressed by July 2023. However, inspectors observed that the cleaning schedules in the centre and the storage of mop buckets needed to be reviewed.

### Regulation 13: General welfare and development

The registered provider had implemented a number of improvements to ensure that residents had access to meaningful activities since the last inspection. A second bus had been purchased and the old bus had been replaced to enable residents to access community activities and maintain links with their family. A review of residents records showed that residents now were engaging in activities inside and outside of the centre. Residents had goals in place that matched their personal preferences. For example; one resident enjoyed doing the national lottery every week and a staff member was supporting them to check their numbers to see if they had won. Another resident who enjoyed country and western music was planning to go to a concert this year.

A review of records showed that residents had been to a Saint Patrick's day parade, had celebrated significant birthdays, visited local football clubs, were going out for dinner, drives, shopping for their own clothes, doing gardening and connecting with family.

On the day of the inspection, inspectors observed records, were informed by staff and also observed on goal for a resident being achieved. This resident had to date refused to attend the barbers in the community. Staff had worked with the resident to support them with this and on the day of the inspection the resident had a haircut in the local barbers.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean, homely and residents appeared relaxed in their home. Each resident had their own bedroom which were decorated in line with their personal preferences. One residents bedroom required some attention. The actions in relation to maintenance issues had been addressed since the last inspection with the exception of one. This was due to additional work being required.

At the time of this inspection, two of the bathrooms needed to be addressed as the

floor surfaces were uneven and there were some small holes in the wall that could be a potential IPC risk. Another resident was doing up their bedroom to ensure that it contained more sensory objects which they may benefit from. The registered provider had a plan to address these by July 2023.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Since the last inspection the registered provider had ensured that all risk assessments and the risk register was updated. At the last inspection, risk assessments did not provide the appropriate control measures in place to manage some risks. A sample of risk assessments reviewed found that control measures were in place to mitigate risks. For example, one resident who had a health care risk now had staff that were suitably trained and the resident was supervised as required to mitigate this risk.

The inspectors also reviewed a sample of incidents that had been reported to HIQA and found that the provider had implemented actions to mitigate further risks.

Judgment: Compliant

### Regulation 27: Protection against infection

At the time of the last inspection some minor improvements were required in IPC. The provider had implemented the actions from the last inspection. For example; all of the issues in relation to the premises that could pose an infection prevention and control risk had been addressed or would be addressed by July 2023. However, inspectors observed that the cleaning schedules in the centre and the storage of mop buckets needed to be reviewed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had fire safety systems in place. Fire equipment was provided including a fire alarm, emergency lighting and fire doors. Residents had personal emergency evacuation procedures in place. Fire evacuation procedures were in place and staff were aware of how to respond to and seek assistance should a fire break out in the centre.

Records reviewed showed that fire drills were conducted to assure a safe evacuation of the centre. Emergency equipment was being serviced as required.

Judgment: Compliant

## Regulation 6: Health care

At the last inspection a number of improvements were required to ensure that residents' health care needs were being addressed. The provider had put plans in place to address this. For example; all residents' personal plans had been audited to ensure that the information was up to date and relevant to the resident's needs.

Inspectors found that for the most part residents' health care needs were being met. Some plans were very detailed up to date and outlined the care and support that residents required. Staff were also knowledgeable around the residents' needs.

However, some improvements were required to ensure that where a resident refused a medical treatment that this was reported to their prescribing doctor. In addition the monitoring and review of one residents, pain management and mental health supports needed to be reviewed to ensure that the relevant information was recorded and included in their support plans. The person in charge took timely actions to address some of these issues by the end of the inspection and had put a plan in place to address this in the coming days.

Judgment: Substantially 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant

# Compliance Plan for Ladywell Lodge OSV-0003025

Inspection ID: MON-0039215

Date of inspection: 19/04/2023

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff Vacancy will be filled week commencing 29.05.23	
Two additional staff from the team compliment have commenced driving the house transport.	
Weekly rosters have been established to facilitate drivers each day.	
Service recruitment ongoing	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Resident's records have been reviewed to ensure that all documentation is consistent in relation to medical interventions and specific resident supports.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Repair works on the bathrooms are scheduled this work will be completed end 31.07.23.	

The resident in question has been supported to decide the layout and style of the bedroom. This redecoration will be completed by 13.06.23.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Mop heads have fixed separately an appropriate distance apart. Used mop heads are stored in sealed containers and located in laundry room & washed nightly. Clean mop heads are stored in seal container in storeroom.

Housekeepers and staff cleaning schedule has been amalgamated into one schedule.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The residents Behavioral Support Plan has been reviewed and updated to reflect the residents will and preference. The residents pain management and mental health supports needed were reviewed with all the team to ensure that the relevant information was recorded and included in their support plans.

Where a resident refused a medical treatment this has been reported to their prescribing doctor.

## 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 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	29/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in	Substantially Compliant	Yellow	04/05/2023

	Schedule 3 are maintained and are available for inspection by the chief inspector.			
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	04/05/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	04/05/2023
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	04/05/2023