



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	26 June 2023
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0031442

## About the designated centre

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

This designated centre comprised two houses within one kilometre of each other. A full-time, residential service is provided in both houses. The houses are located in suburban, residential areas on the outskirts of Limerick city. One house is a bungalow, the other a two-storey house. The centre is registered to accommodate eight residents, four in each house. There is a self-contained area for one resident in one of the houses. Both houses are within walking distance of a range of amenities, including public transport routes. A social care model of support is provided in the centre by a team of social care staff and care assistants led by the person in charge. There is one sleepover staff in each house by night. Senior management and nursing support is available from the provider's main campus which is located nearby.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 26 June 2023	09:45hrs to 16:50hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform the proposed decision making with regard to the renewal of the centre's registration. From what the inspector observed, residents enjoyed a good quality of life and were well supported for in this designated centre. Overall, the inspector found that there was good compliance evident with the regulations in this centre. However, issues relating to one of the premises that comprises of the designated centre was evident, as this building was not in a sound state for the inspector to visit on the day of the inspection. Also some issues in relation to fire precautions and risk management procedures will be discussed in the following two sections of this report.

This designated centre comprises of two houses located on the outskirts of a city. The inspector was advised that they would be unable to visit one of the houses due to an adverse event which took place in November 2022 and left the house in need of construction works. Previous to this incident this house accommodated four residents. No residents were living in this house at the time of the inspection. These residents have been accommodated in two other designated centres which were located nearby. On the day of the inspection there was no documentary evidence, action plans or risk assessments available for review from the provider as to when the necessary works would be completed.

On arrival to the other house that comprises of the designated centre, the inspector was greeted by the person in charge. This house had a kitchen dining area, spacious conservatory, office and large bathroom. There was an adjoining annex apartment to support one resident, consisting of one bedroom, kitchen dining, living area and bathroom. There were four residents living in this centre at the time of this inspection. The inspector had the opportunity to meet with all four of the residents during the inspection. Following an introductory meeting with the person in charge, the inspector walked through the centre and spent time talking to the residents and staff.

The atmosphere in the centre was welcoming, calm and relaxed. Residents were observed enjoying each others company in the kitchen during breakfast with staff. The inspector spoke to another resident who was relaxing in their bedroom watching some television and completing a word search. The resident told the inspector they were very happy in their home and had great support and help from the staff. The resident showed the inspector pictures which were very important to them.

Later in the day the inspector met another resident who had returned from their day service. The resident showed the inspector around their apartment, which was clean throughout and very well maintained. The resident showed the inspector many of their photos and personal belongings which were displayed through their home. The resident spoke to the inspector about the sports activities they enjoyed and were involved in, as well as upcoming events, such as a planned trip to knock with the

other residents in the house.

The residents had a well maintained garden. The person in charge spoke about how the residents like to maintain this area, which included outdoor seating, bird feeders and many flower arrangements. A person-centred planning process was in place to support each resident in meaningful day programmes and activities. The inspector observed this through the inspection as residents attended local day services, active retirement group or an in house day service was provided that facilitated their preferred interests.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Residents, some with the support of staff, completed the questionnaires and stated that they were happy in their home and gave examples of activities they enjoy, such as, swimming horse riding, active retirement group, embroidery, watching television, listening to music, eating out, day trips, gardening and feeding the birds. Residents commented that they liked the staff that supported them. One resident commented that they would like better insulation in their home for the winter months and the provider had a plan in place to have insulation of the house completed. Another resident also commented that they liked the presentation of the Health Information and Quality Authority (HIQA) posters with pictures.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection were that the residents were in receipt of a good quality service. The management systems were ensuring that there was oversight of the care and support for residents living in the centre. On the day of the inspection there was suitable staffing levels in place to meet the needs of the residents. However, improvements were required in the arrangements of documentation and time lines to the construction works completed of one of the houses that comprised of the designated centre which was currently closed as mentioned previously in the report.

There were clear lines of authority and accountability within the centre. The centre was managed by a suitably qualified, skilled person with accountability and responsibility for the provision of services. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as health and safety audits, medication management audits, personal plans audits and fire audits. These measured performance in key areas and ensured relevant issues were escalated appropriately. At the time of the inspection the person in charge

remit was over one designated centre.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. Some minor aspects of this required review in relation to the staffing numbers for the centre. This was reviewed and amended by the person in charge on the day of the inspection.

The inspector reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. There was a planned and actual roster maintained in the centre. Staff spoken with on the day of the inspection had an excellent knowledge of the care and support for the residents and were very person centred in their approach.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. The registered provider had ensured the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required.

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. Complaints were discussed regularly at residents meetings. The inspector spoke to a resident who identified a staff member or the person in charge that they would speak to if they wished to make a complaint. Residents were aware of their right to make a complaint. In addition, following a review of the complaints log there was evidence of staff supporting residents to make a complaint regarding issues affecting them. A resident had also completed training in advocacy and was seen by the complaints records to be an advocate for any issues arising within the house that was visited on the day of the inspection. Complaints were closed with a satisfactory outcome for residents. There were no open complaints on the day of the inspection.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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

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

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

### Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, the inspector saw that these were an accurate reflection of the staffing arrangements in place for the centre. The inspector observed that there were adequate staffing levels in place in order to meet the needs of the resident.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. A schedule of training for 2023 was also in place. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations. The directory of residents included the four resident currently residing in one of the houses that comprised of the designated centre.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge had carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Additionally, the provider had ensured that the annual review had been completed for the previous year.

On the day of the inspection one of the premises that comprised of the designated centre remained closed due to an advert incident and needed construction works. The inspector was unable to visit this centre. The provider had submitted an application to renew the registration of the designated centre which comprises of two premises. On the day of the inspection there was no documentary evidence, action plans or risk assessments available for review from the provider as to when the necessary works would be completed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support

in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the staffing numbers in place. This was completed the day of the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the residents were supported by staff to be aware of the complaints process and it was available in an easy-to-read format. This was discussed monthly at the centres residents meetings. There was a complaints policy and a system in place to ensure complaints would be responded to and that records were maintained. There were no open complaints in the centre at the time of the inspection.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents were in receipt of a good standard of care and support in the centre. They lived in a warm, safe, comfortable home. They were being supported to be active participants in their home and their local community. Care and supports were delivered through a person-centred approach. The residents were very much involved in the day-to-day running of their home. The residents were supported with a weekly activity schedule which included activities of interest. Residents' meetings were occurring regularly and agenda items included areas such as, safeguarding, fire, complaints, advocacy, menu planning and activity planning.

Residents were supported and assisted to communicate in accordance with their needs. Resident had in place a communication assessment in order to determine what supports were necessary to support them with their communication needs. One residents communication assessment identified a communication booklet was

available, this was reviewed by the inspector. This booklet was available and contained a picture exchange communication system which could be used when required. The residents had access to television, newspapers and radio.

The registered provider had a risk register in place for the designated centre. This register identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for the resident, staff and visitors. Individualised specific risk assessments were also in place for the resident. It was seen by the inspector that these risk assessments were regularly reviewed. A risk assessment was in place for COVID-19 which required review as there were inaccuracies with controls in place. All control measures identified were not in place on the day of the inspection. For example, all visitors were to complete a checklist, the inspector was not asked to complete this on the day of the inspection. The inspector spoke to the person in charge who identified this was a control measure that was previously in place during the pandemic and required review. The provider also had no risk present on the centres risk register for the premises that remained closed due to an adverse incident. There were no documented arrangements in place for the identification, recording of, and learning from serious incidents or adverse effects that may impact the resident's quality of life.

There were suitable arrangements to detect contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment to ensure all was in correct working order. The staff had all received fire safely training. Included in the resident personal plan was their personal emergency evacuation plan (PEEP). This document outlined the supports a resident required if they had to evacuate in the event of a fire in the designated centre. Although detailed and informative personal emergency evacuation plans had been developed for each person, the guidance in some plans did not provide for the management of emergency medication in the event of an evacuation. For example, two residents were prescribed the same emergency medication, however only one of the residents PEEPS identified the emergency medication and how staff should retrieve when an evacuation takes place. This presented a risk that some residents might not have access to their emergency medications if they had to evacuate the centre. The centre had a fire evacuation produce in place. However, this did not clearly identify as per the residents PEEPS that staff should retrieve emergency medications if safe to do so.

## Regulation 10: Communication

Residents were supported to communicate in accordance with their assessed needs. Individual communications needs had been identified and residents were supported to communicate using preferred methods, such as picture exchange communication. All residents had access to Internet and television.

Judgment: Compliant

### Regulation 13: General welfare and development

The person in charge and staff team provided residents with activities suited to their needs and wishes. Residents had access to a vehicle for outings, such as walks in different locations in the community, shopping, swimming and dance classes. Residents had access to a garden area with outdoor seating. The residents had goals set for the coming year which included, a trip to knock, attending local hairdressers and making a donation to a local animal shelter.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had not ensured that the designated centre remained in a good state of repair. One of the premises which comprises of the designated centre was not in a sound state of repair for the inspector to visit on the day of the inspection and required construction works. As discussed under regulation 23, governance and management, the provider had not ensured clear documentation was available for an action plan and time lines to reopen the centre. The residents that were living in this house have been temporarily relocated to two other designated centres.

The other premises that made up the designated centre was seen to be laid out to meet the needs of the residents living there. This premises was clean, well maintained and suitably decorated. It was also kept in a good state of repair internally and externally. The matters of schedule 6 were provided for in this premises, with adequate heating, lighting, ventilation and waste disposal.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The person in charge ensured that the residents were provided with a choice of food in line with any dietary or preferred meal choices. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened. The residents were supported to prepare meals where required in line with their wishes and a picture board menu of all meals was also displayed for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy to read versions of information was made available to the resident in a format that would be easy to understand.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had a risk register in place for the designated centre. Individual risks for the residents had been identified. These were seen to be reviewed regularly by the person in charge. A risk assessment was in place for COVID-19 which required review as there were inaccuracies with controls in place. All control measures identified were not in place on the day of the inspection. For example, all visitors to complete a checklist, the inspector was not asked to complete this on the day of the inspection. The inspector spoke to the person in charge who identified this was a control measure that was previously in place during the pandemic and required review. The provider also had no risk present on the designated centres risk register for the premises that remained closed due to an adverse incident. There were no arrangements in place for the identification, recording of, and learning from serious incidents or adverse effects that may impact the residents quality of life.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had taken measures to protect residents from the risk of infection. The centre was clean in line with the providers' guidelines. Regular cleaning schedules of high touch areas and the centre were in place. There was a colour coded mop and cloth system in place. The centre had a contingency plan in place to support residents in cases of suspect or confirmed COVID-19 influenza or other respiratory illness or notifiable illness. The risk of COVID-19 was assessed and reviewed by the person in charge, however this required review as discussed under regulation 26, risk management procedures.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the provider had ensured that measures were in place to protect residents and staff from the risk of fire. However, arrangements to ensure that evacuated residents would have access to their required emergency medication required to review to establish if the arrangements in place were effective and safe. The centres fire evacuation plan also needed to be reviewed to reflect this.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive assessment in place which identified the residents' health, social and personal needs. The assessments informed the residents' personal plans and support plans required which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, one resident walked independently to their active retirement group, this was the residents wish and was clearly documented in their plan. Personal plans were regularly reviewed and updated in a multi-disciplinary manner.

Judgment: Compliant

### Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspectors reviewed a sample of health care plans and found that they appropriately guided the staff team in supporting residents with their health care needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some residents had a behavioural support plan in place which was reviewed regularly. All staff members had received training on how to support residents with behaviours that challenge if required.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Community Residential Service Limerick Group C OSV-0003941

Inspection ID: MON-0031442

Date of inspection: 26/06/2023

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that remedial structural repairs will be completed to one property in the centre. A contractor has been appointed, works commenced 17 July 2023, expected completion date of 30.09.2023.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that remedial structural repairs will be completed to one property in the centre. A contractor has been appointed, works commenced 17 July 2023, expected completion date of 30.09.2023.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider and PIC will ensure that risk assessments for Infection Prevention & Control are updated to reflect current guidance.  The registered provider and PIC will ensure risk assessment is completed to reflect the impacts of adverse events and control measures implemented following an adverse event requiring one part of the centre to be closed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider and PIC will ensure that individual emergency evacuation plans are updated to ensure residents have access to required emergency medication.	

## 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 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.	Not Compliant	Orange	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2023
Regulation 26(1)(d)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/07/2023

	<p>risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:</p> <p>arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.</p>			
Regulation 26(1)(e)	<p>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:</p> <p>arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.</p>	Substantially Compliant	Yellow	30/07/2023
Regulation 28(4)(b)	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be</p>	Substantially Compliant	Yellow	30/07/2023

	followed in the case of fire.			
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