

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

Issued by the Chief Inspector

Name of designated centre:	No.1 Cordyline
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	11 January 2022
Centre ID:	OSV-0004575
Fieldwork ID:	MON-0026982

About the designated centre

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

No 1 Cordyline provides residential supports for a maximum of seven adults, male and female aged over 25 years on a full or part-time basis. It provides support to persons with an intellectual disability, including those with autism. The priorities identified by each individual in their Personal Plan informs the activities within No 1 Cordyline. The house is a two-storey, semi-detached building located on a campus in a rural setting. It is within a short drive of a number of local towns and Cork City. The campus itself allows access to a park with animals, birds and fish. Internally the house has a customised, single-occupancy apartment and a six-bedroom house which, in consultation with residents and families, has been adapted and refurbished in order to better meet resident needs. Residents also have access to on campus facilities such as a canteen, workshops, day services, chapel and garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 January 2022	09:45hrs to 00:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspection of designated centre No.1 Cordyline was announced and completed to monitoring the compliance of the centre with the Health Act 2007. This was also to be used to assist in the decision making process for the registration renewal of the centre. This inspection occurred during the COVID 19 pandemic with the inspectors ensuring to adhere to all national and local guidelines. Social distancing was maintained when communicating with resident's and staff whilst PPE was used. On arriving at the centre the inspector was greeted by the appointed team leader whom requested a number of COVID 19 checks to ensure the safety of all was maintained including checking of temperature.

The centre was a large building located on the campus grounds and home to five residents. Two bedrooms upstairs were used for the purpose of respite. As part of the walk around of the centre it was noted that a number of rooms upstairs in the centre were not in use and there was no intention for this to be utilised by the provider. In a number of areas toilets and showers were not in use and were in the process of being reconfigured. The floor plans of the centre required review to ensure that the rooms reflected their current function. Also, a review of the footprint of the centre was in progress by the registered provider.

A large communal area led to an enclosed garden area. This area included a seating area for residents, a fish pond and a garden bed. The area had been developed with the assessed needs of residents in mind. For example, the table area of the bedding section was wheelchair accessible as was the fish pond. Staff spoke of residents enjoying this area especially in the good weather.

All residents were supported to attend a day service on the campus. They were afforded a choice on the morning of what time to start activation with the option available to return to the centre at any time if they choose. On arrival, the inspection met with one resident who was sitting in their favourite spot in the hallway. They liked this spot to see everyone coming and going and liked to open the door for staff entering the centre. They said hello and goodbye to the inspector and went about their day.

The inspector had the opportunity to meet and observe two residents in the communal area of the centre. One resident was being supported by staff to prepare for their day. They smiled at the inspector who expressed for them have a nice day. The resident smiled and interacted well with the staff member providing assistance. Another resident was sitting at the table playing their favourite activity of connect 4. They enjoyed organising the colours in order. They chose not to interact with the inspector as they were busy enjoying their activity. This was respected. They also had their favourite teddy with them for company.

The other residents in the centre were busy out and about. Staff were preparing snacks for residents when they returned from their day service. Staff spoken with

were very aware of the needs of the residents and the centre. All individuals were observed adhering to national and organisational guidance throughout the inspection in the area of infection control. Such as wearing of facemasks and use of hand sanitiser. Some improvements were required in the area of infection prevention and control. For example, measures were not in place for the running of stagnant water to prevent the presence of bacteria. Also, areas of the house not in use at present were not incorporated in the cleaning schedule of the house.

The registered provider had appointed a clear governance team to the centre. Residents knew the members of the governance team present on the day of inspection. A plethora of monitoring tools were used in the centre to drive service improvement and to ensure the service provided was safe and effective. Some improvements were required in the area of staff training and formal staff supervisions, for example. The next two sections of the report will present the findings of the inspection in relation to the governance and management in the centre and the impact on the residents currently residing in the centre.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within No.1 Cordyline. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the regular review of the statement of purpose. The appointed individual also had a good knowledge of the needs of service users.

This inspection was completed to assist in the registration renewal process of the designated centre. The provider had submitted the application for this in a correct and timely manner. Clarification was required with respect to the footprint of the centre to be included in the registration of the centre.

The registered provider had ensured a clear governance structure was in place within the centre. The person in charge whom was supported in their role by a newly appointed team leader reported directly to the sector manager. Clear communication was evident between all members of the governance team through regular face-to-face meetings and formal supervisions. All members of the governance team had a clear understanding of their role and responsibility within the centre. All those present on day of the inspection were well known to the residents and took the time to interact with them throughout the day.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed for 2021 and unannounced visits to the centre within the previous six months. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. Residents and their families were consulted with regard to both monitoring events. Monitoring systems in place

within the centre were utilised to drive service improvements. A new governance audit tool from the provider insured mandatory monitoring was in place for such areas as infection control, medication management and restrictive practice. However, where a schedule had been developed for the completion of additional monitoring systems adherence to same required improvements. For example, audits where not completed within the allocated time frame including complaints.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Staff meetings were completed to allow staff to voice any concerns in the operation of the centre. The team leader was based in the centre and completed on the floor supervision and mentoring. The person in charge and person participating in management visited the centre regularly. However, formal supervisions had not been completed in accordance with the organisational policy. The newly appointed team leader had the delegated duty for this and a schedule had been developed to address this non-compliance to policy.

Whilst nursing care was provided in the centre it was unclear from the staff roster and the statement of purpose if this was required to be provided 24/7. Where the role of a staff member had changed this had not been updated consistently within the staff file. The current staff team afforded consistency to the support needs of the residents and through the COVID- 19 pandemic had continued to afford a good level of staffing consistency. Where a new staff member joined the team they completed an induction period.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had not ensured that all staff were supported and facilitated to access appropriate training including refresher training. The governance team reported some delays in face to face training due to the restrictions in place during the pandemic, with a number of upcoming courses booked in the coming weeks. However, some online training also required to be completed including in the area of infection prevention and control.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for this in a correct and timely manner. Clarification was required with respect to the footprint of the centre to be included in the registration of the centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They held governance remit over two designated centres and were full time in their role.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents. Within the roster the skill mix of staff was not evident.

Schedule 2 documents within staff files required review to ensure all information was correct and reflective of the current role of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had identified mandatory training needs for all staff members. However, the person in charge had not ensured all staff were facilitated and supported to attend mandatory training.

Whilst staff received ongoing on site supervision from members of the governance team formal supervisions were not occurring in line with organisational policy.

Judgment: Not compliant

Regulation 22: Insurance

The designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance

structure with clear lines of responsibility and accountability.

Monitoring systems in place were effective to identify areas of non-compliance and develop actions to address same in a timely manner. Some improvements were required to ensure that where an audit schedule was in place this was implemented in accordance with allocated time frames.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations. Some amendments were required to ensure the document reflected the current function of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified as required within the allocated time frame.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within No.1 Cordyline was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. Residents were observed interacting with staff in a positive and jovial manner. Residents were supported in the area activation and ensuring meaningful activities were supported on a daily basis.

The centre presented as a large two storey building. Currently the upstairs area was used to a lesser degree than the main area of the house. Downstairs consisted of individually decorated bedrooms and tastefully decorated communal areas. Overall, the centre presented as warm and homely. The main communal area led onto a garden area and a fish pond which residents availed of in the fine weather. A number rooms upstairs in the centre were not in use and as stated previously the

registered provider was in the process of reviewing the footprint of the centre.

Overall, the registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. A cleaning schedule was in place for staff to adhere to, however this schedule did not include the unused rooms in the centre which included a number of toilets and showers. A system to ensure unused facilities were regularly run was not in place and required review. Improvements were also required to ensure that cleaning was completed throughout the day, for example in one area food residue was present on the wall in the living area.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. The centre was a hive of activity with residents coming and going to their choice of activities. Residents were observed on numerous occasions during the day to choose the activity of their choice in the centre also. It had been identified by the registered provider through the annual review that there was need to ensure the progression of personal outcomes were evident to allow for effective review and further development.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. Staff spoken with were aware of the procedures to adhere to should a concern arise. The registered provider had ensured practice measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Whilst overall, the registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. Whilst evacuation drills had been completed, all individuals availing of the service within the centre had not been supported to participate in these in the twelve months previous to the inspection.

The registered provider was supporting residents to achieve the best possible health. This included regular health reviews and multi-disciplinary input. Residents were supported by the staff team to attend all required GP and hospital appointments. Annual multi-disciplinary team meetings were held to discuss the changing needs of residents. However, guidance for staff to support health care concerns was not consistently clear. For example the need for food preparation for celiac diets. Some guidance provided conflicting information in such areas of food, nutrition and adherence to prescribed food and nutritional plans. This required review.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured the provision of a guide in respect of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place and that systems were reviewed and present for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. Improvements were required to ensure that unused areas of the centre were appropriately addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment. Some improvements were required to ensure all resident's were supported to participate in regular fire evacuation drills to familiarise them with the safest evacuation route.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

It had been identified by the registered provider through the annual review that there was need to ensure the progression of personal outcomes were each residents was evident to allow for effective review and further development.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider was supporting residents to achieve the best possible health. This included regular health reviews and multi-disciplinary input.

However, guidance for staff to support health care concerns was not consistently clear, which some guidance providing conflicting information in such areas of food, nutrition and food preparation.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge and self awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Cordyline OSV-0004575

Inspection ID: MON-0026982

Date of inspection: 11/01/2022

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The Provider will submit a revised floor plan and Statement of Purpose to reflect the reconfigured toilet/shower room areas on the first floor and to remove areas not in use in the Centre from the footprint of the Centre for reregistration. The floor plan and Statement of Purpose will clarify the description of rooms where necessary to more accurately describe their current function. [4 March 2022]</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has ensured that the staff Training Matrix has been reviewed. All gaps in training have now been booked for e-learning course where appropriate if for face to face trainings via the training department. All trainings/refresher trainings are scheduled by to be completed by 17/06/22. Training is included as an agenda point at team meetings to ensure staff awareness/compliance in this regard.</p> <p>The PIC will ensure quarterly auditing of Training Matrix – next audit is scheduled for 18/03/22</p> <p>The person in Charge will ensure that the Staff Supervision Schedule for all frontline team members with new Leader is developed and supervisions will be updated by</p>	

18/03/22. The PIC will ensure that Supervision Records are kept updated.	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that the Governance monitoring audit schedule timeframes are adhered to ensure compliance under this regulation [14/02/2022]</p> <p>The Provider will ensure that staff roles are updated consistently within the staff file. [18/03/2022]</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will ensure that the footprint of the Centre and the function of all areas of the Centre are accurately described in the Statement of purpose and that the Statement clarifies the requirement for nursing inputs to be available to residents on a regular basis ideally on the roster or if not practicable from an identified nurse resource available from the wider campus to monitor resident health support needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will ensure that all unused areas of the premises are including in the cleaning schedule until reregistration of the Centre when they will be excluded from the footprint of the Centre. The upgrade/reconfiguration of the upstairs shower toilet area has been completed. 04/03/22</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 Person in Charge will ensure that staff are reminded to ensure all areas are cleaned according to cleaning schedule and to be vigilant in ensuring they clean as they go where areas need attention including walls of living rooms etc.</p> <p>The cleaning of any unused rooms within the designated Centre to be included on the cleaning schedule.</p> <p>The cleaning schedule will include the running of taps of sinks and baths within the Centre on a weekly basis.</p> <p>The risk of bacterial infection in the water in areas of the building that are not in regular used will be included on the risk register.</p> <p>Completion date for the above 18/03/22.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider will ensure that fire evacuation drills including night time drills. A night time drill was organized for when respite recipient was in Centre 13/01/22. Night Coordinators informed to ensure future drills scheduled when respite recipient in. Day time drills will be scheduled by the Team leader when all residents present.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge has ensured that quarterly reviews of Personal outcomes takes place. Annual Review of the goals with multidisciplinary inputs takes place. The PIC will continue to meet with the Team Leader bi monthly and the progress of Individual Assessment and Personal Plan will be discussed.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will ensure that the Health Care Plans are reviewed to ensure that guidance for staff to support health care issues is clear and consistent. These plans will be reviewed quarterly or in line with changing needs. All changes within Health Care Plans need to be mapped into other relevant plans/protocols. The PIC will ensure a more holistic review of such plans to take place. PIC will discuss this at the March Team meeting. The PIC will ensure that an audit of PCPs is carried out quarterly.</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	04/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/06/2022
Regulation	The person in	Not Compliant	Orange	18/03/2022

16(1)(b)	charge shall ensure that staff are appropriately supervised.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	18/03/2022
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	18/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the	Substantially Compliant	Yellow	18/03/2022

	Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	13/01/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	04/03/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	16/03/2022
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in	Substantially Compliant	Yellow	16/03/2022

	circumstances and new developments.			
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	31/03/2022