



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

Issued by the Chief Inspector

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	07 February 2022
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0027237

About the designated centre

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

Dereen Services is registered to accommodate seven residents over the age of 18 years. Both male and female residents who have a moderate to profound intellectual disability and some have additional physical disabilities are accommodated. The service can support individuals with complex needs such as physical, medical, mental health, autism, dementia, mobility and/or sensory needs and who may require assistance with communication. It is intended to offer a lifelong service for residents. The centre comprises one house set in a rural area, but close to local towns and villages. Residents at Dereen Services are supported by a staff team that includes; team leaders, nurses, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 7 February 2022	10:00hrs to 18:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspectors found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships and activities in their local community. The inspectors observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

During the day the inspectors met with all six residents. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. The residents did not have the ability to converse verbally with the inspectors but they indicated their satisfaction through facial expressions and gestures and smiles. The residents were very pleasant and welcoming and they seemed very comfortable and relaxed in their home.

When the inspectors arrived some residents were being supported with personal care, getting up and having their breakfasts in the dining room. Other residents were supported to have their breakfast in their bedrooms and remained in bed until later in the morning in line with personal choice. After breakfast, some residents were observed relaxing in their specialised chairs listening to their favourite music and relaxing with a cup of tea. Day services were provided for two of the residents and was facilitated in an activities garden room located at the rear of the centre.

One resident showed the inspectors their bedroom and it was decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. There was a garden for relaxation and external activity room where the residents did activities of choice.

Residents had regular contact with family members during the health pandemic via phone, video link and text message on a regular basis.

The residents had lived together for many years and were observed to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. There was continuity of care from a core staff team and the staff were well known to the residents. The staff present were very knowledgeable about the residents' needs and preferences and were observed interacting with and supporting the residents. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. Residents

were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent. There was easy read accessible information available to all residents.

The centre was a single storey house with well-maintained gardens, located in a rural area but close to a number of local villages. The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. There was a variety of communal spaces available, the layout and design allowed residents to enjoy a variety of settings including space to relax in quieter areas but yet view what was happening in the main communal day areas. There was a well equipped kitchen, laundry and sufficient bathrooms. There were ceiling hoists in use in bedrooms and specialised beds for residents who required them, shower chairs and in the kitchen there was a specially designed table for wheelchair users.

Residents enjoyed lots of meaningful activities including walks, drives in the house vehicle, cookery, going for coffee or meals out and arts and crafts in the wooden garden room.

The inspectors observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspectors saw that consent forms and decision-making assessments were included in residents' personal plans.

In summary, the inspectors found that each resident's well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present the findings of this 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 to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspectors to review during the inspection.

The person in charge demonstrated the relevant experience in management and was effective in the role. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the residents, the actual and planned rota, statement of purpose and the size of the designated centre. The inspector noted on the day of inspection that there was adequate staff to support the residents. On a previous inspection the inspector was not assured that one staff member on duty at night time was appropriate to meet the assessed evacuation needs of all residents in line with the centre's own emergency fire action plan which indicated that two staff were required to manage the evacuation needs of a resident. On this inspection it was noted that there were two staff on at night time to facilitate the safe evacuation of residents.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

There was a range of policies such as infection prevention and control, safeguarding and complaints policy to guide staff in the delivery of a safe and appropriate service to residents. However when the inspectors reviewed some policies including the infection prevention and control policy they noted they were out of date. The inspectors were informed by the person in charge that there was a service wide review of policies and that they were in the process of being reviewed and updated.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service 2021 and a review of the quality and safety of service was also completed at the end of 2021. As part of the annual review families were asked for their feedback on how they feel their family members are being supported by the service. There were very positive about the care and support their family members receive. They knew who to contact if they had concerns but had no cause for concern and were very happy with the staff working in the centre and said they were very kind to residents. Residents who completed questionnaires were very positive about the centre and the support they receive. The annual report reviewed staffing, quality and safety, safeguarding, medication errors and if there were any accidents and incidents to be notified. There was evidence that the actions identified as a result of these reviews had been addressed for example the floor to the dining room had been replaced. Records reviewed indicated a high level of compliance in audits and that issues identified had been addressed.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated

centre.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints at the time of inspection.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff received mandatory training as well as other appropriate training. The person in charge had effective systems in place to monitor staff training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. An annual review and two six monthly unannounced inspections had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose
The provider had a statement of purpose which contained the information set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the Chief Inspector of incidents that occurred in the designated centre. Further detail and information was required on incident report forms
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had an effective complaints procedure for residents in place which was accessible.
Judgment: Compliant
Regulation 4: Written policies and procedures
The Provider needed to ensure that all policies and procedures were reviewed in line with review schedule. On the day of inspection some policies were out of date including infection prevention and control policy.
Judgment: Substantially compliant
Quality and safety
The inspector reviewed the quality and safety of care received by the residents in the centre and found it to be of a good standard. The inspector noted that the

provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. While the COVID-19 addendum to the Infection Control Policy was reviewed regularly the Infection Prevention and Control Policy itself was out of date.

All individuals had an up to date care plan in place and health concerns are monitored by the person in charge. All residents also had a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents. However there was not adequate oversight of the health care plans for two residents. One resident who was in receipt of palliative care had not received the regular annual review as required by the regulations. This resident also experienced significant difficulties in relation to weight loss as a result of their diagnosed condition and did not receive dietetic support. Another resident who had a family history of breast cancer had not received a mammogram as outlined in their plan of care. In this regard the provider had not ensured that the resident received appropriate health care, having regard to that resident's personal plan. When this was brought to the attention of the provider they committed to addressing these matters immediately. The registered provider demonstrated that appropriate health care reviews were taking place for other residents and the required health care support was received by them. There was evidence that two residents had regular health care reviews, access to GP and other clinical professionals such as occupational therapists, speech and language therapists and opticians.

The person in charge had ensured that an assessment of need of personal and social care needs had been completed for all residents. The assessment of need included support plans in areas of daily living skills, communication and behaviour support. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis and gave clear guidance to staff on how to respond in such situations.

The person in charge had ensured that there were good practices in relation to the ordering, storage and administration of medicines. The medicines cabinet was clean and well organised with an appropriate medication recording form in place for the resident with photograph of the resident and all their personal details including date of birth and doctor details. The medications times, dosage and route were clearly outlined also.

The person in charge had ensured that the residents were assisted and supported to communicate. The inspector noted a communication assessment which gave a very clear outline of the residents communication ability and needs in this area. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions.

Behaviour support plans was noted to be in place for residents. However for one particular resident there was inconsistency in what the resident was being referred

for and this needed to be clarified in order for the resident to receive the appropriate support from the clinician. For example one challenging behaviour was referred to on the referral form as 'echolalia', which would be considered a method of communication as opposed to a behaviour. The behaviour support plan included how to recognise how the residents behaviour of concern would present, proactive strategies to facilitate the resident to self regulate with a view to supporting the resident to develop coping mechanisms to manage in difficult situations. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, had a day service and went for meals out, shopping and holidays. However the residents had not chosen new goals for the forthcoming year. Goals had been carried forward from the previous year and were not person specific but more general in nature.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. However while there were good systems in place there was a practice of sluicing out soiled clothing in the laundry room, this practice is not in line with infection prevention and control guidance.

Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new visiting protocols and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. The centre was decorated to the residents personal taste and there were photographs and personal items around the house. However there was a comfort chair for a resident which was torn and worn. This was not conducive to maintaining good infection, prevention and control.

The person in charge had ensured that there was a fire management system in

place. All fire equipment was serviced regularly and there was emergency lighting, adequate fire extinguishers and a fire alarm system in place. Personal egress plans were in place for the residents and there were fire doors throughout the house. One external door with a wheelchair ramp outside was very narrow and would hinder a quick fire evacuation. There were two staff on at night to facilitate the safe evacuation of residents. A fire engineer had recently completed a review but had not yet furnished the provider with the report.

The inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspectors spoke with the person in charge and staff members regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that consent was sought from the residents for example for the COVID - 19 and flu vaccine. The provider had ensured that the residents participated in and consented to decisions about their care and support. However the inspectors found documentation in relation to visits from family stating that 'visits were permitted on compassionate grounds only' this was not in line with national guidance.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV and Internet

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the

residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. However the process of sluicing out soiled clothing was still happening and worn furniture was not in line with good infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had a fire management system in place in the designated centre. Fire evacuation drills were carried out and all fire equipment was maintained. There were two staff on at night. The issue of compartmentalisation and fire exits from a previous inspection was in the process of being addressed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were good practices in relation to the ordering, storage and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. However the residents had not chosen new goals for the forthcoming year. Goals had been carried forward from the previous year and were not person specific but more general in nature.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had not ensured that all residents received appropriate health care, having regard to that resident's personal plan.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A behaviour support plan was noted to be in place by the inspectors. However the person in charge required to have greater oversight of the referrals process and what behaviours of concern were being referred.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents participated in and consented to decisions about their care and support.

Judgment: Compliant

Regulation 11: Visits

The person in charge had not ensured that residents are free to receive visitors without restriction. It was outlined on a covid risk assessment that residents could only receive visitors on compassionate grounds. This was not in line with Public Health guidance at this time.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 11: Visits	Substantially compliant

Compliance Plan for Dereen Services OSV-0005327

Inspection ID: MON-0027237

Date of inspection: 07/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In order to come into compliance with Regulation 4: Written policies and procedures the Registered Provider will ensure all policies are updated in line with their review date. The policies that remain in need of review will be updated and reviewed at a National Level shortly.</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>In order to come into compliance with Regulation 27: Protection against infection the Person in Charge has replaced the worn furniture. Furthermore, a protocol for sluicing in line with best practice and IPC measures will be in place in the designated centre</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

<p>In order to come into compliance with Regulation 28: Fire precautions the Person in Charge has arranged for structural adaptations be made to the premises involving compartmentalisation and double fire exit door installed for identified bedrooms.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In order to come into compliance with Regulation 5: Individual assessment and personal plan the Person in Charge will ensure that the personal goals of the residents for 2022 will be specific and person centered.</p>	
<p>Regulation 6: Health care</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In order to come into compliance with Regulation 6: Health care the Person in Charge ensured one resident concerned had an annual health review carried out by their GP on site. In relation to another resident concerned the GP as per the request of the Person in Charge has referred the individual for a mammogram</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In order to come into compliance with Regulation 7: Positive behavioural support the Person in Charge will be copied on all referrals sent to a member of the Multi-Disciplinary Team including behaviour support.</p>	

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: In order to come into compliance with Regulation 11: Visits the Person in Charge has updated the covid risk assessment to reflect that residents were and are receiving visits in line with Public Health guidance</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)	The person in charge shall ensure that, as far as reasonably practicable, residents are free to receive visitors without restriction, unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	28/02/2022
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	Substantially Compliant	Yellow	30/04/2022

	infections published by the Authority.			
Regulation 28(4)(b)	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 followed in the case of fire.	Substantially Compliant	Yellow	30/09/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/07/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in	Substantially Compliant	Yellow	30/04/2022

	accordance with his or her wishes.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Yellow	30/04/2022
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/04/2022