



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

## Issued by the Chief Inspector

Name of designated centre:	Highwater Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	08 December 2021
Centre ID:	OSV-0005407
Fieldwork ID:	MON-0027088

## About the designated centre

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

Highwater Lodge is a home for four people, male or female, over the age of 18 years. The centre currently supports two individuals. The provider describes the aim of the service to be to provide a residential setting that is homely, and promotes the privacy, dignity and safety of those who access the service. The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The designated centre is a large detached, modern house in a rural setting near a small town. There are spacious and nicely laid out gardens, and various private and communal living areas.

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

Number of residents on the date of inspection:	2
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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
Wednesday 8 December 2021	10:30hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The overall findings of this inspection were, that residents appeared happy and comfortable in their home. This was an announced inspection completed to inform decision making regarding renewal of registration of the centre. The views of residents and their representatives had been sought in advance using questionnaires. The inspector found that the residents and their representatives were happy with the care and support that they received in the centre and described a range of activities that they participated in and enjoyed. Although the residents felt happy and safe in the centre there were some areas where the oversight arrangements and day-to-day monitoring of care and support required improvement including the staff roster, provider audits, management of residents laundry and personal plans.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff was limited and done in line with public health advice. The inspector was provided with an office space on the first floor, separate to resident living accommodation to complete a review of documentation. The inspector met with both residents who live in this centre and spent time with them, the staff team and local management team over the course of the day.

Throughout the inspection residents were observed to receive staff support in a kind and caring manner. Staff were observed to speak with residents while supporting them and to take the time to respond to what they had to communicate. They were observed to respond to residents' requests and to be familiar with residents' communication needs and preferences. Over the course of the day the residents were observed to be comfortable in their home moving freely within the house and relaxing in both communal areas and in their private rooms. Staff were observed spending one to one time with residents for example completing a jigsaw or enjoying a cup of tea together. Residents were busy and engaged over the course of the day and went for appointments and for a shopping trip in the afternoon. Residents were seen to have a snack or meal when they wished and could have their choice of food or drink at times that suited them.

One resident told the inspector that they were going to a large shopping complex in Dublin with staff later that day and explained that they really enjoyed this and hoped to buy new jeans. The other resident spent time having their nails done by staff and was supported to select activities that they enjoyed over the course of the day. Neither resident in this centre attends formalised day services and the staff team outlined to the inspector how they supported residents to direct activities they enjoy and to request tasks that are important to them. Residents are supported in their independence through the use of individualised planners that are symbol supported and displayed in the kitchen of their home. These indicate staff available to residents and what appointments or activities were agreed and when they were

happening.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the centre was well run and that overall there were good levels of compliance with the regulations. There had been a change in the role of person in charge and in the local management structures. The new management team were identifying areas for improvement and were introducing systems for escalating concerns where they arose.

This inspection was completed to inform decision making on the renewal of registration for the centre. The centre is currently registered for a maximum of four residents although currently only two are living in the centre.

The inspector found that the local management team and person in charge presented as motivated to achieve positive outcomes for residents who live in this centre. Residents were supported by a core staff team that were familiar with their care and support needs and endeavours were made to try and ensure regular relief staff where used were also familiar with resident needs.

There were arrangements in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of care and the service they were delivering. Staff had completed training programmes identified as mandatory by the organisation's policy. The inspector reviewed documentation in the centre to demonstrate that staff were in receipt of regular formal supervision. There were opportunities within these meetings for staff members to raise any concerns they may have in relation to residents' care and support or the day-to-day running of the centre. Staff meetings were occurring regularly and there were discussions at these meetings related to residents' care and support needs and anything that may impact this.

## Regulation 14: Persons in charge

The registered provider had recently appointed a new person in charge to this designated centre. This person possessed the necessary skills, experience and knowledge to meet the regulatory requirements.

The person in charge outlined their remit and areas of responsibilities and the inspector found that the current governance structure could ensure the effective

delivery of care and support to the residents.

Judgment: Compliant

### Regulation 15: Staffing

Staffing numbers in the centre on the day of inspection were in line with those outlined in the centre statement of purpose. The registered provider had ensured that staffing levels were in place to meet the assessed needs of the residents and the inspector found that these levels were often higher in order to ensure residents could freely access their community.

A review of the centre roster was completed and reflected the consistent staff team in place, however, where relief staff had covered a shift they were not named on the roster as having being in the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider and person in charge had ensured that the staff team were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. All staff had completed mandatory training and required refreshers were scheduled for them. There was a system in place for the person in charge to track training requirements. There was also a system in place for staff shared learning and for training specific to resident's assessed needs.

Staff were in receipt of regular formal staff supervision to support them in carrying out their roles and responsibilities to the best of their abilities. Where there were performance issues with staff it was evident that these were being highlighted or dealt with in line with the providers policy.

Judgment: Compliant

### Regulation 23: Governance and management

There was a new person in charge and person participating in management in place in this centre. The management structure was clearly defined, and the lines of accountability and authority were clear. The person in charge was supported by a team leader and staff had specific roles and responsibilities. The management systems were ensuring that for the most part the service provided was safe,

appropriate to residents' needs, consistent and effectively monitored. The documentation review demonstrated that the local management team demonstrated a knowledge of the legislation and were focused on ensuring quality improvement. At a local level there were plans to ensure the service was regularly audited and reviewed with meetings scheduled for the person in charge and person participating in management to review actions as they arose from audits. However, for some audits reviewed by the inspector not all actions had been allocated an individual to complete them nor given a timeframe.

The Provider had completed an annual review in line with the requirements of the regulations however, there was no evidence that this had been completed following consultation with residents or their representatives. In addition no actions had been identified arising from this review. The inspector reviewed the most recent six monthly review report which had been completed in October 2021 and found that this had identified actions and a structured action plan had been developed to monitor progress towards meeting these actions. Staff meetings were taking place on a regular basis with evidence of shared learning reported on the minutes of these. The new local management team had developed a quality improvement plan which was being reviewed and revised regularly.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a service complaints procedure in place and complaints appeared to be addressed in an appropriate and timely manner. Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy. While it was not always apparent from the log whether the complaint had been resolved to the satisfaction of the complainant this had been noted on individual complaints. Where complaints pertained to staffing matters there was evidence that these were also followed up via the providers supervision process.



Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents lived in a warm, clean and comfortable home, where they appeared happy and content. Their likes, dislikes and preferences were documented and the staff team were motivated to ensure they were happy and safe. However, as previously mentioned improvements were required in relation to staffing rosters, infection prevention and control and personal plans.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. The design and layout of the centre was suitable to meet residents' current needs. The house was found to be clean and comfortable. Rooms were of a suitable size and layout and there was sufficient private and communal space available for residents' use.

Residents were also protected by the policies, procedures and practices relating to infection prevention and control in the centre although improvement was required in the management of resident laundry. Temperatures were recorded on arrival in the centre and the staff were clear on the procedures to follow in managing visitors and in ensuring residents were protected from the risk of COVID-19 when in the community.

## Regulation 12: Personal possessions

The inspector found that the providers' systems for supporting residents in the management of and safeguarding of their finances required review. There was no sign out system in place to access the resident's bank card for example and while use of the cards was completed by residents at their request, the person in charge had no system to identify who had the card at any time.

The inspectors reviewed daily reconciliations and on speaking with a sample of staff the inspector was assured that they were familiar with the financial recording processes in place. While the staff team reported that they do complete reconciliations against bank statements the evidence of these checking systems were not consistently available.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The residents were seen to access activities in line with their wishes and preferences. The inspector observed the residents engaging in both planned and spontaneous activities over the course of the day. Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent in line with their assessed abilities and to be aware of their rights. They were supported to access information on how to keep themselves safe and well.

Judgment: Compliant

### Regulation 17: Premises

This centre comprises a large two storey house set in its own grounds in a rural area close to a village. Internally each resident has their own bedroom and bathroom, with the bedrooms decorated to reflect the individual taste and preference of the resident. There was a large kitchen-dining room, conservatory and separate sitting room. Overall the property was clean, spacious and was warm, on the day of inspection the residents had begun to decorate their home for Christmas. The room identified as the staff sleepover room required some maintenance, however, the inspector observed that all areas used by the residents were well maintained. While the inspector did observe some repairs that were required such as a broken door frame this had been identified by the provider and was scheduled for replacement and had been previously repaired.

Externally the property had a large area set to lawn to the front and one resident had established bird tables and a bird feeding area here. To the rear was a large raised deck and a gravel covered area used for parking.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. The risk management policy had been reviewed in November 2021

and had been submitted to the inspector in advance of the inspection.

There was a risk register in place with general and individual risk assessments developed and reviewed as required. There were systems to log and review incidents, and incident reviews were leading to the review and update of the relevant documentation.

There were systems in place to ensure vehicles were serviced, insured, roadworthy and suitably equipped

Judgment: Compliant

### Regulation 27: Protection against infection

Residents were for the most part protected by the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. There were a number of information folders available for residents and staff in relation to COVID-19 and these contained up-to-date information.

There were a range of risk assessments in place outlining control measures in place for healthcare transmitted infections. Guidelines regarding the management of soiled laundry required review as there were no systems in place for the management of soiled or contaminated laundry and staff reported that soiled laundry was not always dealt with or washed separately. Staff were observed wearing personal protective equipment in line with national guidance and using the hand washing facilities on a regular basis. Storage for cleaning equipment was provided with mops and other equipment cleaned and stored appropriately.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the centre was being cleaned regularly. There were stocks of personal protective equipment (PPE) available and a system was in place for stock control. Staff had completed training in relation to infection prevention and control, including hand hygiene and the use of PPE.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider and person in charge had ensured that a comprehensive assessment of need had been completed for each resident although this was observed not to have been regularly reviewed by the multidisciplinary team including the resident and their representative. However, a suite of care and support plans were in place for

each resident and there was evidence that these were reviewed and updated as required. The inspector found that the personal goals that had been identified for the residents were individualised however, it was unclear how they were arrived at and whether the residents were involved consistently in setting them.

The inspector found that residents were supported to engage in activities that were important to them and that they enjoyed. These included arts and crafts, going for a walk, playing crazy golf and feeding the birds. There were photographs available in residents personal files of them baking, on outings or engaged in other activities. Daily activity planners were in place and the inspector observed residents relaxing and having their nails done, engaging in board games or jigsaws, going out to the shops or listening to the radio over the course of the day.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector reviewed resident health care plans and found them to be detailed and that residents' healthcare needs were comprehensively assessed. Residents had access to health and social care professionals in line with their assessed needs and were supported to access specialist health appointments and screening appointments as required.

There was a review of all appointments attended and regular review of health and support plans. These care plans were seen to be detailed and guided staff care and support to residents and while they were observed to be current not all were dated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge supported residents to maintain best possible mental health and had recently reviewed the systems in place to support them in managing behaviour that challenges. Residents were supported to attend appointments with psychiatry, psychology or with behaviour support where required. On the day of inspection a behaviour support professional was present in the centre working with one resident. They had attended staff meetings and recently been available to support the staff team.

The inspector reviewed residents' support plans relating to their positive behaviour support needs. The plans reviewed were detailed in relation to residents' needs and contained sufficient detail to guide staff practice in relation to proactive and reactive strategies. Further consideration was required of the impact to the other resident

where they witnessed property damage or heard loud vocalisations as an outcome of behaviour that challenges and this was under review.

There were a number of restrictive practices in place and for some of these it was clear that an alternative had been/were being tried, and that the least restrictive practices were used for the shortest duration. For example the window restriction on one residents' window was no longer in use following reassessment. The inspector discussed the frequent night checks of one resident by the night staff who had to enter the residents' bedroom to complete these. This was discussed on the day as a potential restriction and the provider immediately undertook to review same. The restrictive practices in place were reviewed by the providers restrictive practice review committee.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy-to-read format in the centre. Clear systems were in place to guide staff in supporting residents in the provision of intimate care. Residents had intimate care plans in place which detailed their support needs and preferences.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where concerns had been identified either via an incident or a complaint the inspector found that these had been investigated and reviewed within timelines as set out. There were no current safeguarding concerns in the centre.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially 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 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Highwater Lodge OSV-0005407

Inspection ID: MON-0027088

Date of inspection: 08/12/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: PIC in conjunction with Team Leader will complete and review the roster each month to ensure that all staff working in the house are named on the roster along with their employee number.</p> <p>A copy of the planned roster and the actual worked roster will be kept on file for review. Roster is updated daily to reflect actual staff working on the day.</p> <p>All staff sign in and out of the centre each day and this is crossed checked on a weekly basis and roster updated to reflect the same.</p> <p>Planned and Worked Rosters are submitted on a weekly basis to the HR Department along with timesheets for all staff.</p> <p>All current staff schedule 2 documents are up to date and training is provided for all staff as required. All staff are currently in date with their training. A training schedule is provided to the PIC on a regular basis for oversight on this.</p>	
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 Registered Provider appointed a new Director of Services in December 2021 to ensure that quarterly audits and 6-monthly unannounced visits are conducted by Senior</p>	



Management, and that action plans are implemented within a reasonable time frame.

The PIC in conjunction with Senior Management will ensure that any audit completed within the centre going forward will have clear action plan that will identify specific tasks allocated to named people and completion date of same.

These audit action plans will be updated to the center's active quality improvement plan.

The centres annual review will be completed in Quarter 1 of 2022 and will ensure to include resident and resident representative feedback within it.

The PIC will also ensure to engage and document resident and resident representative feedback via the family forum platform that will commence also in Quarter 1 of 2022.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

A system to be put into place to ensure resident's bank cards are signed out by staff member before leaving the centre with the resident and signed back in when returning with the resident.

Residents will be supplied with a lock box for each of their bedrooms if they wish to store their wallet and bank card safely in their room. A safe is also available for each resident in the main office and the resident's wishes on where they want to store their money will be recorded in their Person-Centered Plan.

Implementation of a new system to record all transactions will also be implemented. This is reviewed monthly by the PIC.

PIC on a monthly basis will review and sign off all purchases for the month and cross check with receipts collected all transactions must have a corresponding receipt. These will be filled in the resident's finance folders.

Bank statements have been requested for both residents, and arrangements have been made for bank statements to be sent to the Centre every 3 months for both residents. Once received these statements will be reviewed and signed off by the PIC and audited quarterly by Senior Management.

All receipts will also be cross referenced with the bank statements and bank statements will be filed in each resident's finance folder.

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>Policies and procedures for the washing of soiled laundry will be implemented to reduce the spread of infection. Alginate bags have been sourced and delivered and will be used for the washing of soiled laundry going forward. All soiled laundry will be washed separately from non-contaminated laundry.</p> <p>Infection prevention and control audit carried out on a monthly basis and infection control is a standing agenda item at staff team meetings.</p> <p>Information on the policies and procedures for laundering of soiled clothing to be shared with the staff team and guidelines to be implemented.</p> <p>Cleaning schedule will be implemented by the end of Quarter 1 2022 to ensure all areas of the house are well kept and maintained. Increased wiping down of surfaces and touch points has been implemented 3 times a day to prevent the spread of infection.</p> <p>All COVID-19 guidelines are implemented and updates as per public health guidance.</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>A new process on goal setting with residents will be implemented. Residents will be encouraged to sit down each month and choose what they would like to achieve for the coming month. These sessions will be recorded as key working sessions. Goals will be outlined on a monthly basis and at the end of each month an update will be recorded on the process of the goal and if it has been achieved or what remains outstanding.</p> <p>Monthly goals will be reviewed by the PIC regularly and monitored by Senior Management Quarterly.</p> <p>A review of the key working and goal setting system will be conducted and actions arising from this will be discussed with staff team and implemented.</p> <p>Quarterly family forums will commence in Quarter 1 of 2022 with resident and their families to ensure transparency of information and discussion of resident's goals.</p>	

Annual reviews will also take place once a year in which all multi-disciplinary team members, resident and their representatives will be invited to attend. As part of this the resident's goals will be discussed and outlined.

Residents personal plans and documentation have been reviewed by the newly appointed PIC in conjunction with the MDT and are scheduled for review again each Quarter. All actions from quarterly family forums and annual reviews will be implemented into resident's personal care plans.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/04/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	30/04/2022

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2022
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 Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 05(6)(a)	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	Substantially Compliant	Yellow	30/06/2022

	be multidisciplinary.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2022
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/05/2022