



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 June 2022
Centre ID:	OSV-0005479
Fieldwork ID:	MON-0028198

About the designated centre

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

The designated centre is a detached bungalow in close proximity to the nearest small town which can accommodate up to three adult (male and female) residents, each with their own room, and with suitable communal and private areas. The provider describes the service as supporting individuals with modern to severe intellectual disabilities and additional specific support needs in relation to physical disability, behaviours of concern, autism and mental healthcare needs. The centre is staffed 24 hours a day, with sleepover staff at night. The staff team comprises social care workers and support staff. The residents are supported to access local amenities including leisure facilities, shops, bars and restaurants.

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
Tuesday 7 June 2022	09:10hrs to 17:20hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care which was meeting their assessed needs. Some improvements were required in relation to the individualised assessment and personal plan, general welfare and development, training and staff development, premises, protection against infection, and fire precautions. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet with both residents that lived in the centre. Both residents had alternative communication methods and they did not share their views with the inspector. They were observed at different times during the course of the inspection.

On the day of inspection one resident had reflexology, went out for a coffee and bought a newspaper. The other resident watched some television on their electronic device, spent some time in the garden gazebo, and went out for a drive. Staff were continuing to support one resident to become comfortable entering shops again after COVID-19 restrictions ended. This was a slow process for the resident and with staff support they gained the confidence to shop indoors in a particular shop on the day of the inspection, much to the pride of the centre staff and management on duty.

The house appeared clean, tidy and had sufficient space for privacy and recreation for residents. There was suitable recreational equipment available for use, such as, a key-board, an exercise bike, games, art supplies, sensory equipment, and smaller sensory objects. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings. Resident's rooms were individually decorated to suit their tastes and personal pictures were displayed on their walls.

The property had a large front garden and a well proportioned back garden. The back garden contained wind chimes, a swing bench, an egg chair, and a gazebo with seating and a table. There were plans for residents to participate in a gardening project to further develop the gardens. One resident was in the process of picking paint colours and they were planning to paint the shed with staff support over the coming months.

In addition to the person in charge and the local centre manager, there were two staff members on duty on the day of the inspection. Staff spoken with demonstrated that they were familiar with the residents' care and support preferences. They were observed to engage with residents in a manner that was friendly and attentive. Resident and staff interactions appeared to be relaxed.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of a staff

representatives. They indicated that the residents were either neutral or happy about all aspects of their care and supports. One questionnaire stated that a resident would like to be involved in more music related activities.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire in 2021. Feedback received indicated that people were satisfied with the service. One family stated that staff members were always polite and respectful. They said that they felt they were kept informed of all relevant issues, and that the care and support their family member received was excellent.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The inspector found there were management systems in place to ensure safe quality care was being delivered to the residents and the centre was adequately resourced to meet residents' assessed needs. However, improvements were required with regard to staff supervision.

There was a statement of purpose available as per the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) and it contained the majority of the prescribed information required. Any omitted information was amended prior to the end of the inspection and evidence shown to the inspector.

There was a defined management structure in place which included the person in charge and they were supported by a local centre manager. The person in charge was employed in a full-time capacity in the organisation. They had the experience and qualifications to fulfil the role. They were also responsible for another designated centre within the organisation and in order to ensure effective oversight of this centre, they were supported by a local centre manager.

The provider had carried out an annual review of the quality and safety of the service provided and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits, the inspector found that the majority of actions identified had been followed up on, with an action plan in place to complete the remainder of the actions. There were other local audits conducted in areas, such as finance, infection prevention and control, fire safety, medication, and health and safety.

From a review of the rosters, the inspector saw that they were an accurate reflection of the staffing arrangements in the centre. There was an actual and planned roster in place and they were maintained by the person in charge. The inspector reviewed a sample of staff files and found that the provider had ensured that information required under Schedule 2 of the regulations was present for employees, in order to ensure recruitment procedures were safe.

Staff had access to the necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. Staff training included, fire safety, safeguarding of vulnerable adults, medication management, and a range of infection prevention and control (IPC) trainings. Some staff refresher training was scheduled for staff to attend in the coming weeks.

There were monthly staff meetings occurring in the centre. In addition, there were formalised supervision arrangements in place. However, this was not being completed as frequently as outlined in the organisation policy.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity within the organisation and they had the experience and qualifications to fulfil the role. They were supported in their role by a local centre manager in order to ensure effective oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately resourced to meet the assessed needs of the residents. There were planned and actual rosters in place and they were maintained by the person in charge. From a sample of staff files reviewed, the provider had ensured that information required under Schedule 2 of the regulations was present for employees, in order to ensure recruitment procedures were safe.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to the necessary training and development opportunities in order to

carry out their roles effectively and to meet residents' assessed needs, for example fire safety. Some staff refresher training was scheduled for staff to attend in the coming weeks.

While there were formalised supervision arrangements in place, this was not being completed as frequently as outlined the in organisation policy.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had taken out a contract of insurance against injury to residents and against other risks in the centre, such as property damage.

Judgment: Compliant

Regulation 23: Governance and management

There was defined management structure in the centre with clear lines of accountability. The centre was in receipt of several audits, such as the provider lead six-monthly visits as required by the regulations to review and improve the quality of services being provided.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available as per the regulations and it contained the majority of the prescribed information required. Any omitted information was amended prior to the end of the inspection and evidence shown to the inspector.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were in receipt of good quality care and supports that were individualised and focused on their needs. However, improvements were

required in relation to individualised assessment and personal plan, general welfare and development, premises, protection against infection, and fire precautions.

There was an assessment of need undertaken for residents. However, not all areas of the resident's life was taken into consideration within the assessment. For example, road safety, independence and intimate care were either not assessed or were included in one assessment but missing from the other.

There were care plans in place for residents as required to support them, such as communication plans, epilepsy care plans, and speech and language dietary plans. One care plan used to support a resident with a particular health need, required review to ensure that staff were provided with all necessary information. This was discussed with the provider at the feedback meeting.

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), reflexology, and occupational therapy as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Residents had access to behavioural support specialists in order to support them to manage behaviour positively if required. There were positive behaviour support plans in place as appropriate to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and they were subject to regular review. Restrictions in place included, a particular locked food press for foods deemed unsafe for a resident and a chemical restraint prior to medical procedures to support a resident with their anxiety.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances whereby staff counted and signed off on the finances twice daily. Finance audits were completed monthly by the local centre manager. There were detailed intimate care plans in place for residents that were recently reviewed, which guided staff on how best to support them and inform staff of their preferences. There were no open safeguarding incidents in the centre at the time of the inspection.

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. There were weekly planner boards displayed in the kitchen along with pictures of food options in place to facilitate residents to make informed choices. There were weekly residents' meetings and there were plans in place to further alter the template of the meetings to ensure they were as accessible as possible for the residents.

There were improvements in residents' participation in internal and external activities in the centre, and one resident had notable improvement in their

community presence since the last HIQA inspection. The centre had some plans for one resident to join a music class and a community participation group. However, at the time of the inspection these plans still appeared to be a number of months away before coming to fruition. In addition, both residents' quality of life could be enhanced further by exploration of recreational activities that may be of interest to them, as the activities they participated in appeared somewhat limited and repetitive.

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

From a walkabout of the centre the inspector found the house to have adequate space and was laid out to meet the needs of the residents. However, while the centre was generally clean, some improvement was required to the cleanliness of the centre. For example, a foot spa used by a resident required inclusion on the centre's cleaning checklist and was found to be dirty. Some other areas required cleaning such as the bottom oven, the bath, the floor under the bath. Some surfaces were not conducive to cleaning, such as a shelf and storage unit in a bathroom, as the surfaces were damaged. In addition, some internal paint work was scuffed.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a risk register in place. Risk assessments were within review periods and there were a number of centre risk assessments along with individualised risk assessments in order to support residents and keep them safe. The inspector observed that the centre's vehicle was insured and had an up-to-date national car test (NCT). Equipment provided by the centre used to support residents were all serviced within the last year.

The inspector reviewed arrangements in relation to infection control management in the centre. There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, it required review as there were several plans in place, all similar but each with additional information that the other did not have. The plans did not include isolation plans that provided practical detail to staff on how to support residents if they were suspected or confirmed of a notifiable disease. Other information to be included was guidance to staff on suspected or confirmed staff cases, the management of laundry, PPE doffing stations, and clear guidance on what was meant by 'enhanced cleaning'. In addition, slight mildew was found along the window of one resident's bedroom.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced, and staff had received training in fire safety. While there had been much improvement in the participation of residents in fire drills since the last HIQA inspection, further improvement was required to ensure drills conducted included using different fire scenarios. There was evidence of learning from previous drills recorded and there were behaviour therapist recommendations to try in the

event that a resident may refuse to evacuate. However, not all information was recorded in one place in each of the resident's personal emergency evacuation plan (PEEPs). Staff were required to read information from three different sources to guide them on how to safely evacuate a resident. In addition, additional information was required in the PEEPs. For example, one resident's PEEPs did not guide or inform staff that the resident should be encouraged to hold something while waiting for staff so that they don't wander off.

Regulation 10: Communication

There were communication plans in place that guided staff as to each resident's communication needs and supports. The centre had introduced pictures to aid residents in making informed choices as to their meal choices. The template and recording for residents' meetings had changed since the last HIQA inspection to make them more accessible. There were plans to further change the template for the meetings to make them more inclusive and to improve on the easy-to-read format for the residents.

Judgment: Compliant

Regulation 13: General welfare and development

There were improvements in residents' participation in recreational activities and one resident had notable improvement in their community presence since the last HIQA inspection. The centre had some plans for one resident to join a music class and a community participation group. However, at the time of the inspection these plans still appeared to be a number of months away before coming into effect. Additionally, both residents' quality of life could be enhanced further by exploration of recreational activities that may be of interest to them, as they appeared limited in the activities they participated in.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found the house to have adequate space and was laid out to meet the needs of the residents. Some improvement was required to the cleanliness of the centre, such as the oven and the bath and some surfaces were not conducive to cleaning, such as the storage unit in a bathroom as the surface was damaged. In

addition, some internal paint work was scuffed.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy was made available to each resident. The guide contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy on risk management available and the centre had a risk register in place. Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There were a number of centre and individualised risk assessments in place in order to support residents and keep them safe. The inspector observed that the centre's vehicle was insured and had an up-to-date national car test (NCT). Equipment provided by the centre used to support residents were all serviced within the last year.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, such as the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, the plan required review in order to amalgamate all the information provided, to provide better clarity on information and provide additional information not included within the plans. For example, the plans did not provide practical detail to staff on how to support residents if they were suspected or confirmed of a notifiable disease. In addition, slight mildew was found along the window of one resident's bedroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems. Some improvement was required to each resident's personal emergency evacuation plan (PEEPs) as not all information was recorded in one place. In addition, further elaboration of information or additional information was required in the PEEPs. For example, one resident's PEEPs did not inform or guide staff that the resident should be encouraged to hold something while waiting for staff so that they don't wander off. Further improvement was required in relation to fire drills in the centre, to ensure drills conducted included the use of different fire scenarios.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While each resident had an assessment of need undertaken, not all areas of the resident's life was taken into consideration within the assessment. For example, road safety, independence and intimate care were either not assessed or were included in one assessment but missing from the other.

There were care plans in place for residents as required to support them, such as epilepsy care plans, and speech and language dietary plans. However, one care plan used to support a resident with a particular health need, required review to ensure that staff were provided with all necessary information. This was discussed with the provider at the feedback meeting.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident. Residents had access to a range of multidisciplinary health professionals which included a general practitioner (G.P), reflexology, and occupational therapy as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to behavioural support specialists as required in order to support them to manage behaviour positively. There were positive behaviour support plans in place as appropriate to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and they were subject to regular review. For example, a particular food press was locked that contained foods that were deemed unsafe foods for a resident.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances where the money was counted daily and there were arrangements for monthly finance audits in place. There were detailed intimate care plans in place for residents that were recently reviewed, which guided staff on how best to support them and inform staff of their preferences. There were no open safeguarding incidents in the centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. For example, there were weekly planner boards displayed in the kitchen along with pictures of food options in place to facilitate residents to make informed choices.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially 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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 4 OSV-0005479

Inspection ID: MON-0028198

Date of inspection: 07/06/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has developed a supervision schedule for all staff assigned to the Designated Centre. Supervision will occur every three months as per organisational policy.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: We will continue to introduce activities to the residents based upon their interests, and in line with their will and preference. A recent change in the goal setting occurred in May 2022, which placed greater emphasis on community involvement. Some of the activities discussed on the day of the inspection have been implemented. Work is currently underway with progressing the other activities. All plans are set out using the SMART framework. The Designated Centre will expand on those interests where they feel there is potential for consistency and promote independent living skills.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A comprehensive cleaning checklist has recently been introduced. It was reviewed on foot of the inspection and items have been added to the checklist to ensure they are cleaned on a regular basis. The storage units will be replaced along with the shelving unit. The scuff marks will be removed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Contingency Plan will be fully reviewed, all relevant information will be contained in one document. The mildew has been removed. Signs of mildew have been added to the Health and Safety Audit, which requires an Action Plan for any findings. In addition to this, the Cleaning Schedule has been amended to check weekly for any evidence of mildew so that it can be rectified in a timely manner.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The resident's PEEP has been amended to include the required information; it has also been condensed onto one document.</p> <p>Since the inspection fire drills have taken place using different scenarios and this will continue.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and personal plan:

The Re-Assessment of Need has been fully reviewed and updated to reflect the needs of the residents so this can inform accurately the individuals care plan.

The particular health need for one individual is currently under review. When the information has been obtained the relevant plans will be updated.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/08/2022
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	14/07/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/07/2022
Regulation 17(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/07/2022

	ensure the premises of the designated centre are clean and suitably decorated.			
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	30/07/2022
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	15/06/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Substantially Compliant	Yellow	30/08/2022

	personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/07/2022