



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

## Issued by the Chief Inspector

|                            |                               |
|----------------------------|-------------------------------|
| Name of designated centre: | Verna House                   |
| Name of provider:          | Resilience Healthcare Limited |
| Address of centre:         | Kilkenny                      |
| Type of inspection:        | Unannounced                   |
| Date of inspection:        | 03 November 2021              |
| Centre ID:                 | OSV-0005676                   |
| Fieldwork ID:              | MON-0033959                   |

## About the designated centre

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

This centre provides residential services to four children (both male and female) from six to eighteen years of age. The centre is based in a rural location in County Kilkenny however, transport is provided so the children can access the local town and nearby city and avail of community based facilities such as the swimming pool, parks, cafes, restaurants and attend school.

The centre is staffed with a full time person in charge, a team leader and a team of qualified support workers. All children are provided with one-to-one staffing support while in the centre and some with two-to-one staff support while in the community. The centre comprises of a large detached house and each child has their own room which are decorated to their individual style and preference. Communal areas include a very large well equipped kitchen, a large dining area, a spacious sitting room and a relaxation/therapeutic room. The centre supports the educational needs of each child and provides them with learning opportunities so as to optimise their autonomy and maximise their independence.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 - 2015 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 3<br>November 2021 | 11:00 am to 5:30<br>pm | Tanya Brady | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection completed during the COVID-19 pandemic with infection prevention and control measures in place. The inspector adhered to best practice infection prevention and control measures at all times over the course of the inspection.

This centre provides a home for a maximum of four children at any one time. Three children live in the centre full time and the remaining place is shared between two children who alternate their time equally in the centre. The four children were in school when the inspector arrived so time was used to review documentation, speak to the staff and local management team and to review the premises. The inspector met with all the children on their return from school and over the course of the late afternoon.

On return from school the children were supported with personal care and offered a snack and drink, choices for activities were also offered. Some of the children selected to go to the park. Staff were seen to support them in getting ready and used individualised communication systems to support understanding of the routine prior to leaving the house. One of the children who choose to stay in the house was observed to have a snack and then physically moved the inspector towards preferred items as a means of requesting access to them. They were seen to have a personalised 'sensory toy box' that staff opened when asked and they explored a number of toys over a period of quiet play time.

One child came to the office where the inspector was based to review documentation and engaged with the person in charge explaining that they had requested a fizzy drink. The children were seen to be comfortable and relaxed with the staff team in the centre and moved freely throughout their home. Later in the afternoon the children were seen to relax together in a conservatory off the kitchen and the television was on with programmes they enjoyed playing in the background.

The staff team over the course of the day presented as knowledgeable in relation to the individual needs of the children. They outlined different supports required and how they ensured these were used such as manual signing communication systems, or physical prompting and guidance systems. The staff team used the time when the children were in school for tasks in the house to ensure they were in a position to focus their time on playing and supporting the children when they were in the house.

While the quality of care and support provided to the children was observed to be good the inspector found areas that required review and improvement. The inspector issued immediate actions on the day of inspection in relation to fire safety and premises and there were serious concerns in relation to fire safety in particular. Improvement was required to ensure that there was compliance in the regulations

reviewed and these are outlined below in the next sections of the report.

## Capacity and capability

Overall the inspector found that the provider demonstrated capacity and capability to provide an appropriate service to the children who lived in this centre.

Notwithstanding the governance and management arrangements at a local level, there were a number of areas of concern found that resulted in non-compliance with the regulations. The majority of these had been self identified by the provider but had not been prioritised or completed as they had set out. These included fire safety and premises works as well as infection prevention and control actions these are further outlined against regulations below.

The provider had ensured that lines of accountability and authority were in place. The staff spoken with were clear on who to speak with should they have a concern and stated that they liked the clear management arrangements in place. There was evidence that the management systems in place were for the most part ensuring that the children received person centred, safe care. Where concerns were identified by the management team there was follow up with the staff and actions for improvement put in place, however the inspector noted that some concerns were recurring. The person in charge and team leader were developing systems for the management of these.

## Regulation 15: Staffing

The provider ensured that there was a staff team in place that was sufficient to meet the assessed needs of the children in the centre. The inspector reviewed the centre roster and found that it reflected the staffing arrangements in place and corresponded to the staff on duty on the day of inspection. The staff rota however, required review as it did not contain the full names of staff on duty. All children were in receipt of one to one staffing with one child supported by two staff.

There was one full time vacancy but consistent relief staff were used to cover any gaps in the roster that arose as a result of this which ensured a continuity of staffing was in place for the children. There had been a number of staff changes in the team over the course of this year but new staff were now in place and were supported by other team members while becoming familiar with the children and the systems in the centre. The provider had an on-call system in place that staff could access in an emergency situation 24 hours a day, seven days a week.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had systems in place to ensure staff were provided with the mandatory training and support to enable them to provide safe and quality care to the children in the centre. Additional training was available to ensure that the bespoke needs of the children were understood and supported. The staff for example outlined knowledge they had gained regarding communication systems in a recent training session with speech and language therapy. The person in charge and team leader maintained a training matrix that allowed them to identify gaps in training and to schedule training for staff where required. All staff had completed training however, there were some staff that required refresher training in areas such as positive behaviour support and first aid. These had been identified by the provider and some were scheduled for completion within a few weeks of inspection however some of these had been due for a number of months.

There were systems in place for the provision of formal support and supervision to the staff team. The inspector reviewed samples of these and found they were completed as per the providers policy with actions set for review and staff development as required arising from the process. All of the new staff were completing the providers induction process and had received support as outlined in the providers policy.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had ensured that there was a management structure in place with clearly identified lines of authority and accountability. There was a person in charge of the centre who also had the role of regional manager. They were supported by a full time team leader who had protected hours in order to complete administrative responsibilities. The staff team were clear on who they reported to and who was available to speak to should they have a concern.

The provider had completed an annual review of the quality and safety of care and support in addition to six monthly unannounced visits of the centre as required by the regulations. There was evidence that the children, their families or representatives had been consulted as part of this process. Action plans arose from the findings of these reviews however, the inspector found that progress of some actions had not been made such as painting of the house which had been identified in December 2020 and was noted in subsequent reviews as outstanding and not completed as per a number of the providers deadlines.

The person in charge and the team leader completed regular audits and it was evident that a number of improvements such as replacement of worn furnishings

had been completed as a result of these. However, some audits were not picking up on the areas of non-compliance as found during this inspection such as areas not being cleaned as required.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for the children that outlined the service and supports that would be provided in the centre. These had been signed by the child's representative. Where children reached 18 years of age and remained in school there was evidence that their contracts were reviewed and updated as required.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the accident and incident records and found that all those that required notification to the Chief Inspector had been made within the required time frames.

Judgment: Compliant

## Quality and safety

The inspector reviewed a number of areas in determining the quality of care and support provided to the children in the centre. The inspector observed that the children appeared happy in the centre and were relaxed in the presence of staff. The inspector observed that the person in charge and staff team responded respectfully to the children at all times and were caring and familiar with their individual needs.

Immediate actions were issued to the provider on the day of inspection relating to fire safety and premises and these were resolved prior to the inspector leaving the centre. These included removal of an accumulation of disused play equipment in the garden that contained standing water and opening of an internal door that was locked thus preventing safe exit routes being available.

Children were supported to access play and activities suitable to their needs with areas within the centre adapted for sensory exploration in addition to outings



arranged. Consideration was given to children's dietary needs and snacks and meals were regularly offered and freely available in a texture that was safe as ascribed by the appropriate health and social care professionals.

## Regulation 10: Communication

The person in charge and the staff team demonstrated an awareness of the individual communication needs of the children who lived in this centre. The inspector observed the staff utilising the strategies with the children that they had discussed with the inspector earlier in the day. Differing augmentative and alternative communication systems were in place to support the children in their understanding of the language used and to help them to express what they were thinking and feeling.

Where the children used non-verbal strategies such as physically moving a staff member to pointing to a preferred item these strategies were interpreted by the staff quickly.

Judgment: Compliant

## Regulation 17: Premises

The inspector issued immediate actions relating to the premises on the day of inspection. Old and disused play equipment was left piled in the corner of the patio where some items such as a slide had filled with rain water. This presented a hazard to the children both due to the standing water and the unstable nature of the large pile. In addition items that had been used by the children as sensory toys had been left strewn on the lawn including gloves, towels, empty bottles and other items.

This centre is a large detached house set in its own grounds in a rural setting. Each child has their own bedroom with three children sharing one bathroom and a second bathroom used mainly by a single child. There was a large communal kitchen-diner with a living room that was used as a sensory room and play space. A conservatory was used for relaxation and the television and sofas were available here.

Maintenance was required with holes in walls, areas that needed to be painted and a wet room that was causing damp issues, both in a bedroom and in the hallway. Some of the flooring was chipped and worn with staining from the water coming from the bathroom. All of these matters had been identified by the provider and were to be completed as per a schedule they had drawn up, it is acknowledged by the inspector that COVID-19 had caused some delays in achieving these actions however, matters such as painting appeared on audits with dates for completion being missed on at least two occasions.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Risk management systems were in place in the centre. A risk register was in place in the centre which was regularly reviewed and had recently been updated. While the inspector found risks as a result of fire safety and premises in addition to infection prevention and control reviews these are reflected under those regulations.

Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water or flooding. A system was in place for the recording of any accidents or incidents in the centre and adverse incidents were responded to appropriately. All children had individualised risk assessments and risk management plans in place.

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were in place for protection against infection in the centre however some of these required review. Areas of the centre were visibly dusty with cobwebs present that had not been identified on audits nor been cleaned as required. A cleaning checklist was in place however it was not being consistently completed every day so it was unclear what duties had been carried out. The inspector acknowledges that the team leader and person in charge had followed up with the staff team regarding this on a number of occasions. The inspector found that some rooms such as the staff office were not included on the routine cleaning schedule and this was of concern as the children had access to this room and the staff moved freely between here and the rest of the centre.

In one bedroom toys and personal belongings were stored in boxes and containers on the floor, the person in charge outlined risks associated with some storage options that had been trialled. It was unclear whether these were moved to ensure a deep clean of the child's bedroom occurred on a regular basis and no records were available to demonstrate this.

All staff had received training in the management of infection, prevention and control and hand hygiene. The person in charge had completed regular audits of hand hygiene practices and there was access to hand gels and sufficient supplies of personal protective equipment in the centre.

The centre water supply came from a private well and the provider had ensured this was regularly tested and monitored to ensure it was safe for use. There had been

some concerns identified earlier in the year as an outcome of the providers tests and the provider had immediately ensured that additional safety mechanisms were put in place and alternative water provided until the repair works were completed.

Judgment: Not compliant

### Regulation 28: Fire precautions

The inspector issued immediate actions regarding fire safety on the day of inspection. These comprised of removal of items that blocked fire escape routes and access to fire exits, unlocking the door from the living room into the hall which had been locked with a key that was could not be accessed from the living room side of the door. In addition to, removal of over door hooks and hangers that prevented doors from creating a seal when closed.

The provider had ensured that there were suitable systems in place for the detection and extinguishing of fire in the centre and there was evidence that equipment in place was maintained and serviced as required. Staff completed regular checks of all fire safety systems. Fire evacuation drills were taking place however, there had not been a drill completed that simulated night time conditions with the minimum numbers of staff on duty.

The inspector found that the systems in place to contain fire in the centre required urgent review. Not all bedroom doors were fitted with mechanisms to close them and were found to be open over the course of the day. The fire door between the utility room and the kitchen had parts of the door frame missing or broken and as a result there were significant gaps around the door which would not prevent smoke or fire from travelling. The provider had reviewed the containment measures in place in the centre and had contracted an external specialist company to review fire doors. This review had identified that all doors internally required replacement and they did not meet current fire standards. The provider had received this information one month prior to the inspection and no schedule for work was in place nor indications of a timeline for initiating this work. This did not assure the inspector that the provider could ensure adequate fire containment in the centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Each child in the centre had an assessment of their needs completed and personal plans had been developed following these. Annual reviews had not been completed of these personal plans as outlined by the regulations, although the inspector found

that some were scheduled for completion before year end.

Each child had a scrapbook or journal in place that contained an easy read or symbol supported version of their personal plan. These contained photographs of the children engaging in their activities such as going on a swing, going to the swimming pool or outings they had gone on. There were no systems in place for recording progress towards achieving goals in the children's plans with no incremental reviews in place. While it was evident that the children were busy and had access to activities they enjoyed and were supported in the development of their skills, the recording of this work needed review.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider and person in charge ensured the children had access to GPs, consultant medical professionals and health and social care professionals as required. All children had a health action plan in place and individualised care plans as required for example for the management of acne, dry skin or safety while eating and drinking. Clear records were kept of all appointments the children attended and any recommendations that came from these were recorded and in place for staff to follow.

Where onward referrals were made for medical tests, scans or specialist appointments these had been followed up and the person in charge ensured systems for attending were in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge had systems in place to ensure the children in this centre were supported to manage behaviour that challenges and to achieve the best possible mental health. Where positive behaviour support plans were in place these were detailed and reviewed on a regular basis.

Restrictive practices that were in place were comprehensively assessed for and their use reviewed on an ongoing basis. The person in charge maintained a restrictive practice register and this was audited at least quarterly.

Judgment: Compliant

## Regulation 8: Protection

The provider and person in charge had systems in place to ensure the children living in this centre were safe and protected from all forms of abuse. The staff were clear on the process to follow should they have a concern and who to speak to. Where children were in the care of the state the person in charge was aware of their responsibilities and close liaison between professionals occurred on a regular basis.

Safeguarding plans where they were in place were comprehensive and had been reviewed in line with national guidance. Intimate care plans were detailed and gave clear guidance to staff on the supports that were to be provided and the procedures to be followed.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                        | Substantially compliant |
| Regulation 23: Governance and management                             | Not compliant           |
| Regulation 24: Admissions and contract for the provision of services | Compliant               |
| Regulation 31: Notification of incidents                             | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 17: Premises  | Not compliant           |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 27: Protection against infection                          | Not compliant           |
| Regulation 28: Fire precautions                                      | Not 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 Verna House OSV-0005676

Inspection ID: MON-0033959

Date of inspection: 03/11/2021

## 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:<br/>Staff surnames have been added to the roster.<br/>The one permanent vacancy has since been filled with a start date of January 10th for this person.</p>  |                         |
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br/>Training gaps that were identified in the training audit have now been addressed with all mandatory training completed</p>  |                         |
| Regulation 23: Governance and management   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:<br/>The painting works identified in the annual review and internal unannounced inspections was delayed due to the difficulties of arranging this with covid 19 restrictions that were in place. Covid related School closures added to this difficulty as these works can only be carried out when the children are not present due to the challenge of disrupting routine and environment with children present.</p> |                         |



|  |               |
|--|---------------|
| <p>A Covid outbreak in the canter subsequent to the inspection has delayed the process form being immediate actioned.<br/>These works will take place in Q1 2022.</p>  |               |
| Regulation 17: Premises  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/>As stated immediate actions were taken to remedy and dispoee of debris and backgarden clutter.<br/>A full audit was carried out by the PIC on the cleaning rosters and each handover for two weeks post inspection focused on this issue to ensure adhering to the audits and checks in place.<br/>A schedule of works has been drawn up to refurbish the downstairs bathroom, replace damaged flooring and repair wall damage. The end stage will be a full interior repaint of the house. These works were scheduled to commence 20th of November however a covid outbreak in the service has resulted in a change of dates. These works will commence in January 2022.</p> |               |
| Regulation 27: Protection against infection  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br/>The cleaning checklist is reviewed daily by the team leader with the addition of a visual inspection of the house. The office has been added to the checklist to ensure all cleaning carried out in the area is captured and reviewed. The cleaning of storage boxes and containers was added to the cleaning checklist template to ensure these areas are flagged for cleaning and monitoring of same. New storage options are being reviewed for this room to allow for easier cleaning and avoid build up of storage containers in the room</p>  |               |
| Regulation 28: Fire precautions  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>a fire drill was completed that simulated night time conditions with the minimum numbers of staff on duty on the 4th November 2021</p>  |               |

a schedule of works was drawn up to remedy fire doors as identified in the audit previously commissioned. Due to supplier stock availability and covid outbreak in the centre the first of the doors are being replaced on 18/12 21. Kitchen door, sitting room and utility doors. These doors were identified as most urgent in terms of protecting escape route. The remainder of the doors will be addressed once in stock in January 2022.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1 annual review took place remotely due to a covid outbreak in the centre.

1 review is rearranged to January 2022 due to a school outbreak and at the request of all to hold this in person.

A review is underway in to how best record goals and incremental progress to these goals can be centralized.

## 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 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      | 01/12/2021               |
| 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      | 10/12/2021               |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and                      | Not Compliant           | Orange      | 01/02/2022               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | internally.  |                         |        |            |
| Regulation 17(7)    | The registered provider shall make provision for the matters set out in Schedule 6.  | Not Compliant           | Orange | 01/02/2022 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.   | Not Compliant           | Orange | 10/01/2022 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.                 | Substantially Compliant | Yellow | 01/03/2022 |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated | Not Compliant           | Orange | 01/12/2021 |

|                        |   |                         |        |            |
|------------------------|---|-------------------------|--------|------------|
|                        | infections published by the Authority.  |                         |        |            |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.   | Not Compliant           | Orange | 18/12/2021 |
| Regulation 28(3)(a)    | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Not Compliant           | Orange | 31/01/2022 |
| Regulation 28(3)(d)    | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.  | Substantially Compliant | Yellow | 04/11/2021 |
| Regulation 05(6)(c)    | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | Substantially Compliant | Yellow | 20/02/2022 |
| Regulation 05(8)       | The person in charge shall ensure that the personal plan is   | Substantially Compliant | Yellow | 01/03/2022 |

|  |  |  |  |  |
|--|--|--|--|--|
|  | amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6). |  |  |  |
|--|--|--|--|--|