



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

Issued by the Chief Inspector

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| Name of designated centre: | Community Residential Service Limerick Group J |
| Name of provider: | Avista CLG |
| Address of centre: | Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 17 August 2022 |
| Centre ID: | OSV-0005754 |
| Fieldwork ID: | MON-0037547 |

About the designated centre

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

Community Residential Service Limerick Group J a detached dormer bungalow on its own site, located in a rural setting but within a short driving distance to a nearby city. The centre provides full time residential support for a maximum of four female residents, over the age of 18 with intellectual disabilities. Support to residents is provided by the person in charge, social care workers and care assistants with some nursing support also. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a kitchen/dining room and staff rooms.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 17 August 2022 | 09:15hrs to 18:15hrs | Conor Dennehy | Lead |

What residents told us and what inspectors observed

Residents generally appeared content, happy and relaxed during this inspection while staff members on duty were found to interact appropriately with residents. Overall the house provided for residents to live in was clean, well-furnished and well-maintained although some areas were observed which could be improved upon.

Four residents lived on this centre and upon the inspector's arrival at the centre, two of these residents had already left the centre to attend day services operated by the same provider in another location. The remaining two residents were in the centre and shortly after the inspection commenced were met by the inspector as they sat outside on a decking area on garden furniture provided. Some potted plants and flowers were present on the decking area also. Both residents appeared happy and relaxed at this time with one engaging in some table top activities.

The staff supporting these two residents at this time were observed and overheard to interact very pleasantly and respectfully with residents. For example, one staff member was observed to support a resident in an unhurried manner with their breakfast. In addition, given that it was very sunny early into this inspection, another staff member was overheard asking one resident if they wanted to come inside but respected the resident's choice when they indicated that they did not want to come inside.

These two residents were supported to leave the centre to go for a drive in the afternoon. With no residents present the inspector used this time to review the house provided for the residents to live in. It was seen that large parts of the house were well-maintained, well-furnished and clean. It was observed though some areas of the house needed some painting particularly the kitchen/dining room ceiling while the stairs was noticeably worn. In addition, some taps in the centre and the oven were found to require further cleaning.

Overall though the house was found to be homelike but it was observed that in some communal areas there was a high volume of posters on display which had the potential to reduce the homely feel. For example, one wall in a hallway had 15 different posters on display relating to COVID-19 and infection prevention and control (IPC). The house was noted to be surrounded by a large garden and it was indicated to the inspector that it was hoped that works could be done on this garden for the benefit of residents but it was unclear how this would progress at the time of inspection.

However, each resident had their own bedroom which were well-furnished and personalised to them. For example, one resident's bedroom was seen to have a personalised blanket with photos of the resident on the blanket while another resident had a bracket in their room which outlined their person-centre planning goals. Such goals were outlined in residents' personal plans with a sample of these reviewed by the inspector. It was seen that residents were being supported to

achieve goals, such as contacting family members on a regular basis and meeting friends, although for one goal identified for one resident, it was unclear how the goal was being progressed.

Other records reviewed indicated that residents did activities such as arts but for a number of days in recent months some residents were not indicated as having participated in any activities. It was found that staff of the centre had advocated for residents to return to day services away from the centre which had been facilitated. This was a positive development. Activities were indicated as being discussed at monthly resident meetings that took place in the centre. Notes of such meetings indicated that other topics like complaints, fire safety and food were discussed at resident meetings with notes of the meetings indicating that the meetings concluded with a fun activity such as singing or having a hot chocolate.

The two resident who had gone out for a drive returned to the centre later in the afternoon with one telling the inspector that they had got some coffee which they liked. The other two residents also returned from their day services and both were met as they were sat at the table in the kitchen/dining room. While both initially seemed happy or calm, one of the residents became upset but was supported by a staff member to go their bedroom while another staff remained with other residents and asked if they were okay.

Towards the end of inspection, the atmosphere in the centre was found to be calm and relaxed with staff members on duty, including the person in charge, engaging pleasantly and warmly with residents. For example, some music was put on for one resident with a staff member joining the resident in playing a game with a drum and some dice. The resident appeared to really enjoy this interaction and was seen smiling during this. Another resident was also seen smiling as they watched some dog videos in the living room and played with personal items while a third resident was seen to be relaxed as they sat outside on the decking area. The fourth resident was supported to sit out in a part of the decking that been set up especially for them.

In summary, staff members on duty during this inspection were observed and overheard to engage with residents in a pleasant, respectful and warm manner throughout the inspection. Residents were generally found to either happy, content or relaxed while the inspector was present. While the house residents lived was generally clean, well-furnished and well-maintained, the inspector did identify some areas of the house which could be improved.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

While there was evidence of good supports provided to residents, this inspection found an increase in regulatory actions compared to previous HIQA inspections. As part of these some actions were identified regarding the governance and monitoring of the centre.

This designated centre had been registered by HIQA until September 2024 with no restrictive conditions. The three previous inspections of this centre in November 2018, November 2019 and April 2021 had all found strong levels of compliance with relevant regulations with no area of non-compliance identified during any of those three inspections. Given the length of time since the previous inspection the current inspection was carried out to assess the levels of compliance in more recent times.

In keeping with the regulations the provider had put in place appropriate staffing arrangements to support residents with staffing rosters also maintained. The staff team was overseen by the person in charge who was responsible for a total of two designated centres. During this inspection the person in charge was found to have the necessary experience, qualifications, skills and knowledge to fulfil the person in charge role while demonstrating a strong knowledge of the residents living in this centre and their needs.

However, where a person in charge is responsible for multiple centres the registered provider must ensure that there are appropriate arrangements in place to ensure that the person in charge can ensure effective oversight, governance and operational management of the centres. Based on the findings of this inspection, the existing remit of person in charge did pose some challenges particularly from an administration perspective for the current centre with some actions identified being the direct responsibility of the person in charge under the regulations. For example, assessments to determine if residents could self-administer their own medicines had not been completed despite this being identified previously by the provider.

The provider did have monitoring systems in operation to review the quality and safety of care and support. These did identify relevant issues, such as the changing needs of some residents, and included conducting annual reviews which are a key requirement of a regulations. The regulations also require the provider to conduct an unannounced visit to a centre every six months which are to be reflected in a written report with action plans put in place to respond to any issues identified. The inspector requested reports of all such provider unannounced visits since the previous HIQA inspection in April 2021 and was provided with three reports.

Upon reviewing these reports it was seen that they covered relevant areas relating to residents' care and support and did have actions plans put in place. It was noted though that the action plan for a provider visit conducted in December 2021 did not include timeframes for when actions were to be completed while for some actions it was not indicated how they had been progressed. In addition, while some actions identified in these reports were addressed other actions had not. For example, the provider's reports from December 2021 and April 2022 outlined a need to conduct an IPC audit for the centre but at the time of this HIQA inspection, the inspector was informed that this had yet to take place.

After reviewing these reports, the inspector was informed that these provider visits to the centre were being announced to the person in charge in a day or two in advance of them happening but that this was not communicated to other staff working in the centre. This was discussed with a member of the provider's senior management the day following this inspection and it was indicated that this was done to ensure the availability of the person in charge during this provider visit. However, this practice did not ensure that such provider visits were unannounced in keeping with the requirements of the regulations.

Regulation 14: Persons in charge

A suitable person in charge was in place but the arrangements to support their remit were not ensuring effective administration of this centre.

Judgment: Substantially compliant

Regulation 15: Staffing

Appropriate staffing levels were provided with rosters maintained.

Judgment: Compliant

Regulation 23: Governance and management

While monitoring systems were in operation, some actions identified in multiple provider visits reports had not been addressed at the time of this HIQA inspection. While the regulations required providers to conduct unannounced visits to a centre every 6 months, during this inspection it was indicated that such visits were being announced to the person in charge before being conducted. There had been an increase in regulatory actions from previous HIQA inspections.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The impact that a safeguarding incident had on two residents had not been notified to HIQA.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information on the complaints process was on display while a system was in operation for complaints to be recorded and followed up. The complaint log reviewed by the inspector had one compliant recorded with the complainant indicated as being satisfied with the outcome.

Judgment: Compliant

Quality and safety

Residents were being supported in various areas but some improvement was needed around aspects of personal planning and medicines.

All residents had personal plans which are intended to set out the health, personal and social needs of residents and provide guidance for staff in meeting these needs. It was seen that such plans were subject to multidisciplinary review and did provide information on how to meet residents' needs in various areas. It was noted though that there was some inconsistency in the amount of guidance provided for staff in some plans for residents' assessed health needs. For example, some health plans were general in nature rather than providing specific guidance for particular needs while some health plans were undated so it was unclear when they had last been reviewed. One resident's personal plan was also noted to reference three different types of modified consistency diet the resident was to receive. Staff spoken with were aware of the correct diet type the resident was to receive.

It was seen though that residents were being supported to access health and social care professionals such as general practitioners when necessary and it was found that their health needs were generally being monitored on an ongoing basis. However, the inspector did observe gaps in blood pressure monitoring for one resident while reviewing records relating to a resident accessing a particular national screening service, it was noted that the outcome of a screening for that resident, which was indicated as being completed in December 2021, was not known based on the documentation reviewed and discussion with the person in charge. Other records reviewed indicated that residents had accessed relevant national screening services with evidence of the outcome of these available.

Residents' health needs were also being supported through some medicine practices followed in the centre. The inspector reviewed a sample of records which indicated that residents were receiving their medicines as prescribed. While the medicines

documents reviewed were generally of a good standard the inspector did note that the maximum dose of some PRN medicines (medicines only taken as the need arises) were not stated consistently while one resident's medicines records did not indicate if the resident had any sensitivities or not. A storage cabinet was provided for residents' medicines but it was observed that the security of such storage required review. In particular it was seen that the key to the medicine cabinet was left in the cabinet throughout this inspection in an unlocked staff office while some medicines that were to be returned were also seen to be stored in an unsecured manner.

A risk assessment was in place for the centre relating to medicines along with various risk assessments for the centre overall and individual residents. The risk assessments reviewed were indicated as being in 2022 but it was seen that some of the control measures outlined in risk assessments related to COVID-19 required review to ensure that they reflected current national guidance. In addition, while some risk assessments had been reviewed and updated to reflect recent incidents that had occurred in the centre, other risk assessments had not although from speaking to the person in the charge it was clear that she was aware of risks present in the centre and following up on relevant matters. Some of the incidents occurring in the centre related to the changing needs of residents and while the centre was suited to meet these residents' needs at the time of this inspection, this would require ongoing review.

One particular incident that occurred in the centre related to the presentation of one resident impacting their peers. HIQA had received a safeguarding notification about this incident but this indicated that only other resident was impacted by this. However, when reviewing other documents in the centre such as incident reports and daily notes, it was suggested that two other residents were also impacted. This was highlighted to the person in charge during the inspection and it was indicated to the inspector that HIQA and another relevant statutory body should have been notified about the impact on these other residents and that this should also have been part of a relevant screening. It was acknowledged though that following this incident, a related safeguarding plan had been put in place and there was no indication that a similar incident had taken place since then.

Regulation 13: General welfare and development

For a number of days in recent months some residents were not indicated as having participated in any activities.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises required maintenance and decorating such as the stairs and the kitchen/dining room ceiling.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

While various risk assessments were in place, some of these require review to reflect recent incidents and to ensure that outlined control measures were accurate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Residents were being monitored for symptoms of COVID-19 and a relevant IPC self-assessment had been completed. Staff were seen to wear appropriate personal protective equipment (PPE) during this inspection with stocks of these maintained in the centre. It was found that some PPE had passed their expiry date while a bottle of hand sanitiser was identified during inspection that had expired in April 2021. Cleaning schedules were in place for the centre which were indicated as being consistently done. Despite this it was noted that the centre oven did not appear to have been thoroughly cleaned in some time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The storage of medicines required improvement particularly regarding the security of general medicines and medicines that were to be returned. While medicines documentation were generally of a good standard it was noted that the maximum dose of some PRN medicines were not stated while one resident's medicines record did not indicate if the resident had any sensitivities or not. Assessments to determine if some residents could self-administer their own medicines had not been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place but there was some inconsistencies in the amount of guidance provided for staff in some plans for residents' assessed health needs while it was unclear when some health plans were last reviewed. One resident's personal plan was also noted to reference three different types of modified consistency diet the resident was to receive. For one goal identified for one resident, it was unclear how the goal was to be progressed.

Judgment: Substantially compliant

Regulation 6: Health care

There were gaps in one resident's blood pressure monitoring while it was noted that the outcome of a screening for a resident, which was indicated as being completed in December 2021, was not known.

Judgment: Substantially compliant

Regulation 8: Protection

The impact of one incident on some residents had not been reported to a relevant statutory body or part of a screening completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully and given information through residents' meetings. A checklist was seen for one resident which indicated that the resident was being supported to vote.

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 | Substantially compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Community Residential Service Limerick Group J OSV-0005754

Inspection ID: MON-0037547

Date of inspection: 17/08/2022

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 14: Persons in charge | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The registered provider will ensure regular meetings with PIC and PPIM, quarterly meetings with Service Manager, to oversee and support progress on actions identified.</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 will regular meetings with PIC and PPIM to oversee progress on actions identified at audit. The registered provider will ensure that provider audits are unannounced.</p> | |
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The registered provider and PIC have ensured that safeguarding incident impacting 2 residents has been reported to HSE and HIQA retrospectively. The PIC will ensure that all staff are aware of safeguarding and notifications at staff meetings.</p> | |
| Regulation 13: General welfare and development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The registered provider and PIC will ensure that activities that residents participate in are documented, through monthly oversight by PIC/ keyworkers. The PIC will ensure that all staff are informed of the importance of documenting activities completed.</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that required maintenance is scheduled and completed as part of a planned programme | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will ensure that risk assessments are reviewed to ensure they reflect current guidance and are updated to ensure they reflect changes in the centre as they occur. | |
| Regulation 27: Protection against infection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider and PIC have ensured that all expired PPE has been removed from the centre. The PIC will ensure that the centre is regularly checked to ensure hygiene and cleanliness standards are maintained. The registered provider will ensure IPC audit is completed | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PPIM and PIC will ensure that medication kardexes are reviewed to ensure they contain all required information- completed 26.08.22. The PIC will ensure that all staff are aware of secure storage of medications including medication for return to pharmacy. Assessments to determine if residents can self-administer medication have been/will be completed 26.08.22. The PIC has ensured a system for safe storage of medications and all staff informed. | |
| 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: The PPIM and PIC will ensure that personal plans will be reviewed and updated to ensure they contain all required information. The PIC will ensure that progress on personal goals is clearly documented. | |
| Regulation 6: Health care | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider, PPIM and PIC will ensure that healthcare monitoring is completed. The registered provider, PPIM and PIC has ensured that the outcome of national screen programme is documented- completed 08.09.22.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider and PIC have ensured that the impact of one incident on all residents has been reviewed. Preliminary screening under safeguarding policy completed, retrospective notification submitted to HIQA. The PIC has ensured that all staff have been informed of safeguarding procedures and this will be reinforced at future staff meetings.</p> | |

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
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| 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 | 31/08/2022 |
| Regulation 14(4) | A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 17(1)(b) | The registered provider shall ensure the | Substantially Compliant | Yellow | 28/02/2023 |

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| | premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | | | |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 30/09/2022 |
| 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 | 30/09/2022 |
| Regulation 23(2)(a) | The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and | Substantially Compliant | Yellow | 30/12/2022 |

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| | put a plan in place to address any concerns regarding the standard of care and support. | | | |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/09/2022 |
| 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 | 30/10/2022 |
| Regulation 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, | Not Compliant | Orange | 26/08/2022 |

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| | storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | | | |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 26/08/2022 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from | Not Compliant | Orange | 26/08/2022 |

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| | other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance. | | | |
| Regulation 29(5) | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. | Substantially Compliant | Yellow | 26/08/2022 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | Not Compliant | Orange | 23/08/2022 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out | Substantially Compliant | Yellow | 30/09/2022 |

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| | annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | | | |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 05(7)(c) | The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Substantially Compliant | Yellow | 08/09/2022 |
| Regulation 08(3) | The person in | Substantially | Yellow | 23/08/2022 |

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| | charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Compliant | | |
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