



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

## Issued by the Chief Inspector

Name of designated centre:	Rose Lodge
Name of provider:	Terra Glen Residential Care Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0007797
Fieldwork ID:	MON-0030120

## About the designated centre

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

Rose Lodge is a Children's respite service located in a rural part of county Dublin. The respite Service can support a maximum of four service users at any one time, male or female and between the ages of six to 18 years of age. The centre consists of a kitchen, two dining areas, large back and front garden, sensory room, office for staff to complete administration, play room for the young people, play area outside for the young people, four bedrooms and a room for staff to stay. The centre is staffed by a mx of health care assistants, social care workers, a team leader, a deputy manager and a person in charge.

**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 - 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 15 December 2021	10:00 am to 5:30 pm	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite stay at the designated centre.

The designated centre can provide a respite service for four residents (children and young adults) at any one time. The service provides residential care twenty four hours a day, seven days of the week. Currently, there are six residents availing of the service with two recent admissions in the last six months.

On the day of the inspection, there were two respite residents availing of the service. The inspector got the opportunity to meet with both residents when they arrived back from school. As much as possible, engagement between the inspector and the residents took place from a two metre distance and wearing the appropriate personal protective equipment in adherence with national guidance.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, playful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated to them.

The inspector reviewed a sample of feedback of the service from families of the residents who attended the service. The feedback was very positive. Families advised that they were satisfied with the service provided to their family member. One family member commented that they felt that the respite service had been personalised for their family member. Another family member wrote that their family member had been much happier since attending the respite service.

Residents personal plans demonstrated that they were supported to engage in a number of on-site and community activities. For example, some residents enjoyed spending time on the computer and their electronic hand held devices, watching TV, listening to music, baking and playing with sticky and dough-like materials (in line with their particular sensory needs and likes). Residents also enjoyed going for walks in the park, country drives and visiting local animal themed centres in the community.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. The inspector observed the fridge, freezers and food cupboards to contain a variety of nutritious food which were made available to the residents. In addition, residents were provided with an array of active indoor and outdoor facilities to choose from during their stay.

The person in charge showed the inspector around the premises of the designated centre. Overall, the centre was found to be welcoming with brightly coloured age appropriate large animated stickers on the walls through-out the centre. There were many child and young person friendly toys, games and puzzles available to residents during their stay.

The residents were provided with a number of rooms they could play, relax or watch television in. However, the inspector observed that some of the rooms needed upkeep to ensure the residents were enjoying activities in a room that was in good state of repair and free from the risk of infection. For example, in one room the couch was badly stained and in another room there were a large number of cobwebs spread across the ceiling and windows of the room.

In summary, the inspector found that overall, the well-being and welfare of the residents availing of the service was maintained to a good standard. There was a person-centred culture within the designated centre and for the most part, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that residents' choices and wishes were met during their respite stay.

However, a number of improvements to the cleanliness and upkeep to some areas of the centre and its facilities were needed and these are addressed in the next two sections of the report. The two sections present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident staying in the centre.

## Capacity and capability

The registered provider was striving to ensure that the residents availing of the respite service in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the respite residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a deputy manager, who was knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality care and support. The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for residents during their respite stay, and in particular,

improvements to the governance and management systems in place.

However, on the day of the inspection, the inspector found that some improvements were needed to the cleanliness and decorative upkeep of some areas of centre including some of the facilities provided to the residents. This is discussed further in the quality and safety section of the report.

Overall, the inspector found that the local governance and management systems in place in the centre operated to a good standard. There was a comprehensive auditing system in place by the person in charge, (assisted by the deputy manager), to evaluate and improve the provision of service and to achieve better outcomes for residents during their respite stay. The person in charge carried out a schedule of audits on a monthly and quarterly basis that related to the care and support provided to the residents availing of the respite service.

Since the last inspection additional governance and management systems had been put in place and overall, were found to be effective. For example, there was a weekly service and governance report completed by the person in charge which was shared with senior management. Regular unannounced spot inspections were carried out by senior management and plans, timelines and persons responsibility were put in place to follow up on any issues identified during these inspections.

The provider had completed an annual report of the quality and safety of care and support in the designated centre. There had been improvements to the report since the last inspection with the most recent report clearly demonstrating that the residents and their families were consulted about the review. In addition, the centre's management had carried out a six monthly unannounced visits to the centre as required and completed a written report on the safety and quality of care and support provided in the centre.

The person in charge provided one to one supervision meetings to staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector advised that they had found the meetings beneficial to their practice.

Furthermore, team meetings, where matters such as safeguarding, health and safety, maintenance, COVID-19 guidelines and updates on the care and support provided to respite residents were discussed, were taking place on a monthly basis. The minutes of the meetings demonstrated that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents.

There was a staff roster in place in the centre and it was maintained appropriately. The staff roster clearly identified the times worked by each person and included details of when the person in charge and deputy manager were present in the house. Improvements had been made to the roster since the last inspection and a legend was included denoting shifts and outlining the types of leave. The required supports of the respite residents informed the roster and ensured that there was enough staff with the right skills, qualifications and experience to meet the assessed need of the residents during their stay.

However, on the day of the inspection, the staffing arrangements in the designated centre were not in line with the centre's statement of purpose. There had been two additional residents admitted to the service which resulted in a change of staff requirements. In addition, there were two staff vacancies, and despite the provider actively recruiting for the position, the role had not yet been filled.

In the interim to cover shifts, relief staff were employed. However, over a period of six months the number of relief staff covering shifts had increased from three to seven. In addition, two of the original relief panel staff were no longer working in the centre. Overall, the impact of staff vacancies and changes in the relief panel meant that continuity of care provided to the respite residents could not be assured at all times.

Notwithstanding the above, staff who spoke with the inspector demonstrated good understanding of the respite residents' needs, the supports to meet those needs as well as the residents likes and preferences. Staff were knowledgeable of policies and procedures which related to the general welfare and protection of respite residents. Throughout the afternoon, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

On speaking with the person in charge and person participating in management regarding the staffing levels, the inspector acknowledged the challenges in managing services and supporting residents during the current health pandemic.

The inspector found that there was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. The person in charge ensured that the complaints' procedures and protocols were evident and appropriately displayed and available to residents and families. This procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive high quality, safe and effective services during their respite stay. On the day of inspection, there had been no complaint made since the opening of the centre. The inspector reviewed the content of a complaint form and found that overall, it included the appropriate information to ascertain if the complaint had been dealt with in an appropriate and timely manner, if actions had been followed up and if the complaint was upheld or not. However, a small addition to the form was needed to allow for the satisfaction levels of the complainant to be noted.

## Regulation 15: Staffing

The staffing was not in line with the current statement of purpose. There were two staff vacancies and the relief panel had increased in size and a number of staff from the original relief panel had left.

Overall, the impact of staff vacancies and changes in the relief panel meant that



continuity of care provided to the respite residents could not be assured at all times.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre and it was made available to the inspector on the day of inspection. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, there had been a number of improvements to the governance and management systems in place in the centre. There were comprehensive auditing systems in place including a weekly service and governance report completed by the person in charge which was shared with senior management. In addition, regular unannounced spot inspections were carried out by senior management and plans, timelines and persons responsibility were put in place to follow up on any issues identified during these inspections.

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure in the centre was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service during their stay at the respite service.

Judgment: Compliant

## Quality and safety

The inspector found that overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite break at the designated centre. It was evident that the person in charge and staff were aware of the respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, the inspector found that some improvements were needed to the upkeep and cleanliness of the designated centre including the facilities provided for the residents during their stay.

The inspector found that overall, in respect of the current health pandemic, there were satisfactory contingency arrangements in place for the centre including self-isolation plans for residents and adequate contingency plans for staffing. The inspector observed there to be an adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use throughout the centre. There were cleaning schedules in place including a deep clean schedule, daily temperature checks of staff and residents, and ample PPE in stock. These arrangements endeavoured to ensure the safety of residents and mitigate the risk of COVID-19 during their respite break. Staff had completed specific training in relation to the prevention and control of COVID-19 and on the day of inspection, staff were observed to be adhering to public health guidance in the appropriate use of face coverings, hand hygiene and social distancing.

The vehicles used to transport residents were roadworthy and suitably equipped with a first aid box including appropriate PPE and hand sanitizer gel. However, one of the three vehicles, that was used on a daily basis to bring residents to and from school, including community activities, was observed to be unclean. The inspector observed dirt and food on the floor in the front and back of the car and in another car, the child seat was badly stained. The car checklist, which included checking if there was rubbish in the car, was not effective. The impact of this, meant that some respite residents were travelling in an car that was unclean and potentially increased their risk of contracting health associated infections.

For the most part, the design and layout of the designated centre ensured that residents could enjoy staying in an accessible and comfortable environment during their respite break. The centre provided appropriate indoor and outdoor recreational areas for the residents including age-appropriate play and recreational facilities. For the most part, the premises appeared clean and tidy. However, as there were areas in the house that required repair and upkeep, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents. The person in charge had identified some of the issues found on the day and reported them to maintenance however, a clear action plan and timeframe was

needed to ensure that identified issues were completed, and in a timely manner.

Residents were provided with their own bedroom during their respite break. Individual bedding and towels were set aside for each resident during their stay. Resident were supported to bring their own personal items with them and a number of residents chose to leave some of their left belongings in the centre until their next visit. There was an itinerary completed of each resident's personal belongings. However, a review of the storage of respite residents' personal belongings was needed to ensure that their personal items were respected and protected at all times. For example, the inspector observed that the wardrobes in two separate bedrooms, where residents were currently sleeping, contained personal items and clothing belonging to other residents who were not staying in the centre.

The inspector looked at a sample of respite residents' personal plans and found that each resident was provided with a personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents or representative. Where appropriate, respite residents were provided with an accessible form of their personal plan to ensure participation, consultation and understanding of their plan. Residents' plans were regularly reviewed and updated to reflect their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Since the last inspection the resident consultation process had been further enhanced. Residents were provided with regular one to one 'specific topic' consultation meetings which included topics such as the progress of their chosen goals, personal development and keeping safe during the current health pandemic.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance during their respite stay, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date child protection policy and associated procedures in place in the centre and it was made available for staff to review. Staff who spoke with the inspector were knowledgeable in the procedures to follow should there be a safeguarding incident.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where residents were provided with plans to support their behaviours, they provided clear guidance to staff when supporting the residents and were updated when required. The inspector saw where restrictive procedures were being used, they were based on centre and national policies and were documented and subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

The residents were supported to choose the food, drink and snacks they wanted during their respite break, and in a way that met their communication needs. There was a system in place whereby residents could choose pictures or reference items to demonstrate their choice at each meal-time. Where they so wished, residents were supported to prepare and cook meals during their respite stay. Residents were

provided with wholesome and nutritious foods. The inspector observed that there was adequate provision for residents to store food in hygienic conditions. The inspector observed that where packages had been opened, they were sealed and appropriately dated. Furthermore there were temperature checks for food cooked, including temperature checks of the centre's fridges and freezers.

The inspector found that, there were good systems in place for the prevention and detection of fire. Fire prevention and emergency procedures and firefighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. Adequate provision was made for all respite residents' safe evacuation from the centre, through the provision of personal evacuation plans and these were updated regularly.

There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents during their respite stay. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

## Regulation 12: Personal possessions

A review of the storage of respite residents' personal belongings was needed to ensure that their personal items were respected and protected at all times. For example, wardrobes in two separate bedrooms, where residents were currently sleeping, contained personal items and clothing belonging to other residents who were not currently staying in the centre.

Judgment: Substantially compliant

## Regulation 17: Premises

Overall, the design and layout of the premises ensured that residents could enjoy an accessible, safe and comfortable environment during their respite stay. This enabled the promotion of independence, recreation and leisure for the residents throughout their respite stay in the centre.

For the most part, the premises appeared clean and tidy. However, as there were areas in the house that required repair and upkeep, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to

staff and residents. This has been addressed under Regulation 27.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious foods during their respite stay. There was adequate provision for residents to store food in hygienic conditions. Where they so wished, residents were supported to prepare and cook meals during their respite stay.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to appropriately manage and mitigate risks and keep respite residents and staff members safe in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

For the most part, the premises appeared clean and tidy. However, as there were areas in the house that required repair and upkeep, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents.

For example, there were a number of peeling and chipped surfaces found in the house. There were cracked floor tiles in the upstairs' bathroom and the grout on the shower tiles required upkeep as did the grout on the tiles on the outside of the shower tray. The ceiling and windows in the sunroom, which were very high up and hard to access, contained a number of large cobwebs spread across the ceiling and window panes and the material on the couch in the playroom was badly stained.

Not all facilities available to the residents were found to be adequately cleaned. For example, one car was observed to be unclean and in another car, a child seat was badly stained.

The person in charge had identified some of the issues found on the day and reported them to maintenance however, a clear action plan and timeframe to

complete the issues was needed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were good systems in place for the prevention and detection of fire. Fire prevention and emergency procedures and firefighting equipment and fire alarm systems were appropriately serviced and checked. Adequate provision was made for all respite residents' safe evacuation from the centre, through the provision of personal evacuation plans and these were updated regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents plans were regularly reviewed and updated to reflect their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where appropriate, respite residents were provided with a comprehensive behavioural support plan and clear rationale was evidenced for the use of restrictive practices. All restrictive practices in place were subject to regular reviews in consultation with the resident and their family or representative.

Judgment: Compliant

### Regulation 8: Protection

There was an up-to-date child protection policy and associated procedures in place in the centre and it was made available for staff to review. Staff spoken with appeared familiar with reporting systems in place, should a safeguarding concern

arise.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Rose Lodge OSV-0007797

Inspection ID: MON-0030120

Date of inspection: 15/12/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Recruitment remains ongoing for Rose Lodge. The interview process has been amended to ensure successful candidates, in line with policies and procedures are recruited in a timely manner. All candidates are sent Garda Vetting prior to interview, upon screening of their CV to speed up the process of Garda Vetting upon successful commencement of their role.</p> <p>Rose Lodge has a relief team assigned to them to ensure that all relief staff utilized are specific to Rose Lodge staff team to ensure continuity of care for the service users.</p> <p>All recruitment needs are presented by the PIC in weekly services report and submitted to senior management for review on a weekly basis.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:            All boxes were moved into the staff apartment and then they are placed in the individual service user’s room when they are availing of respite. The PIC oversees this being carried out through bedroom checklists completed by staff daily.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC emails Director of Disability services every Friday to advise which maintenance items requires attention and DODs follows up with maintenance department.</p> <p>Maintenance items requiring attention are also reflected in weekly services and governance report.</p> <p>Weekly health and safety checklists are completed by staff and overseen by the PIC.</p> <p>Health and Safety is a standing item on all team meetings and Senior Management meetings.</p> <p>PIC to complete a weekly environmental walk around to observe any health and safety concerns.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	19/01/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	31/01/2022

	circumstances where staff are employed on a less than full-time basis.			
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	31/01/2022