Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	29 August 2023
Centre ID:	OSV-0001827
Fieldwork ID:	MON-0032105

About the designated centre

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

St. Michael's House is a large detached one-storey building located just outside a small village but within close driving distance to a nearby town. The centre mainly provides full-time residential support but also some shared care for a maximum of five residents of both genders over the age of 18 with intellectual disabilities. Five single resident bedrooms are present in the centre along with a kitchen/dining room, a sitting room, a visitors' room, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 August 2023	09:05hrs to 16:50hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

The inspection was carried out to monitor the providers compliance with the regulations and standards and make a recommendation regarding the renewal of the registration of this centre. The inspector found that the residents were in receipt of an appropriate service which supported their needs. Each resident received an individualised day service programme. Residents completed activities suited to their preferred interests and wishes either individually or at times as a group. The residents told the inspector they were very happy with this.

On arrival to the centre, the inspector was greeted by the team leader who facilitated the inspection, as the person in charge was absent. The inspector met two residents in the hallway who greeted the inspector, they appeared relaxed and comfortable and welcomed the inspector to their home. Shortly after the inspector met with two other residents. One resident was after enjoying their breakfast. They told the inspector about the different activities that they like to take part in, which included regular walking in the local area and horse riding. They also spoke to the inspector about their friends and told the inspector about their plans for the day. Another resident showed the inspector their bedroom, they were very proud of the display of their personal items in their bedroom. They informed the inspector they are very happy in their home and complimented the staff and the care and support they receive.

The centre is located in close proximity to a rural village and has access to a garden and outdoor space with surrounding paths to enjoy the garden. The centre is registered for a maximum of five individuals. There were four residents living in the centre at the time of the inspection. The premises was found to be very clean throughout. It was well furnished and homelike. The person in charge had systems in place to ensure cleaning was completed regularly, which included high touch points. The cleaning records were well maintained. A laundry management system was in place for each resident. Residents, if they wished they could complete their own laundry, or staff would support residents to complete.

On the day of the inspection all residents left the centre to complete their requested activities, supported by staff. The centre had a transport vehicle to facilitate activities. Later in the afternoon all four residents returned to the centre and the inspector had another opportunity to speak to the residents individually. Each resident told the inspector verbally or through non- verbal communication methods that they were happy in the centre. One resident told the inspector about music therapy they had attended with some of the other residents that morning and they really enjoyed this. After this activity the resident spoke about a lovely walk they had in a nearly park, followed by lunch in the local town before returning to the centre. Another resident spoke to the inspector about a trip they have planned which they are really looking forward to. One resident had a keen interest in magazines and showed the inspector the upcoming items in their magazine. The resident communicated with non-verbal communication methods, such as LAMH. All

of the staff were trained in LAMH, and the centre had in place a shared learning experience for staff and residents in the centre, which included signs of the month displayed in picture format in the kitchen.

A visitors room was in place in the centre. This provided a private space where residents could facilitate visits from family or friends if they wished.

Residents had completed the Health Information and Quality Authority pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included music therapy, art, swimming, horse riding, gardening, trips to the cinema and doing activities in their home, such as watching television or listening to music. The inspector observed these activities displayed in picture format on an activity schedule in the kitchen. The residents' questionnaires contained positive responses for all topics.

The next two sections of the report present the finding of the 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

Overall compliance levels with the regulations were seen to be good on this inspection. Some improvement were required in staff training and development, complaints, notification of incidents.

Monitoring systems were in place to ensure issues were promptly identified and stated actions were completed. A team leader had been recently appointed in the centre and had a regular presence and delegated duties from the person in charge of oversight of the centre. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family, which were used to inform the centre planning. The provider had carried two unannounced six monthly inspections in the previous 12 months.

The inspector reviewed the monitoring systems in place in the centre. This included a schedule of audits completed throughout the year. However, on review of the audits being completed on the schedule, it was evident that not all audits were being completed within the time lines. For example, two complaints audits had been identified to be completed. No auditing of complaints for 2023 had yet taken place. For audits that had been completed, areas for improvement were identified within these and plans were put in place to address these. Additionally, the provider had

ensured that the annual review had been completed for the previous year.

As mentioned previously, the person in charge was not present on the day of the inspection, but they were in a full time position, suitable qualified and experienced for the role. At the time of the inspection the person in charge had a remit of two designated centres. A team leader had recently been appointed for the centre to support the person in charge in their role. The inspector reviewed the staff rosters of the centre. A planned and actual roster was maintained for the centre. On the day of the inspection, there was one staff vacancy present, this had been identified by the provider and active recruitment was taking place. It was seen that regular and familiar staff to the residents was in place. There were appropriate staffing levels in place to meet the assessed needs of the residents. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices. Residents were very complimentary towards the staff team.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. Regular staff meetings were held and recorded. A staff supervision system was in place and the staff team in this centre took part in formal supervision. However some improvement was required in this area as it was not being consistently completed in line with the providers policy.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. However, some minor aspects of this required review in relation to the staffing structure now in place. This was to reflect the team leader the centre now had in place. This was reviewed and amended by the registered provider and submitted to the inspector the following day after the inspection.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required. However, on one occasion the provider was a number of days late notifying any allegation, suspected or confirmed, abuse of a resident in the required time frame. The registered provider also had a directory of residents in place that was properly maintained with all required information for all four residents living in the centre.

The designated centre had a complaints log in place and this was reviewed by the inspector. Residents regularly discussed complaints at monthly residents meetings. An easy-to-read complaints procedure was available for all residents. The complaints flow chart and complaint officer was on display. Residents were supported to make complaints if desired and actions were recorded. However, the provider had not

ensured the complainant's satisfaction with the outcome of a complaint was recorded. An appeals process was also available to residents.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The person in charge and team leader maintained a planned and actual roster. From a review of the roster, there was a staff team in place which ensured continuity of care.

At the time of the inspection, unplanned and planned leave was being managed through regular relief staff and members of the staff team. There was one vacancy on the day of the inspection and this was being actively recruited for by the provider. It was seen that regular and familiar staff were in place to cover this post. During the inspection staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control and fire.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision records and found that some improvement was required to ensure all staff received supervision regularly in line with the provider's policy. From the sample of supervision records reviewed the inspector found that all staff had received supervision in September 2022, however

supervision had not been completed again until June and July 2023 for some staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure within the designated centre. The management systems in place ensured that the service being provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The person in charge had an audit schedule in place for 2023. However, on review of the audits being completed on the schedule, it was evident that not all audits were being completed within the time lines identified by the provider and gaps were present. For example, auditing of complaints for 2023 had not yet taken place as per the schedule for the centre. The provider had ensured that the annual review had been completed for the previous year. The registered provider had ensured that the designated centre had completed two unannounced six monthly inspections in

the previous 12 months.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the staffing structure now in place. This was to reflect the team leader in the centre. This was completed the day following the inspection and submitted to the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not insured all incidents or allegations of a safeguarding nature had been notified to the Chief Inspector within three working days as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired and actions were recorded. However, the provider had not ensured the complainant's satisfaction with the outcome of a complaint was recorded. An appeals process was also available to residents.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that a safe and quality service was

delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Some issues were identified in relation to risk management.

The provider had ensured that the staff team had received appropriate training in fire precautions. The inspector reviewed the recent fire drills and found that they were taking place regularly. Records showed that night time drills were being completed, as well as regular minimal staffing drills. The inspector observed that there were systems in place to ensure that fire safety equipment was appropriately being served and that the staff team reviewed fire detecting and containment measures regularly. Each resident had a personal emergency evacuation plan in place (PEEP).

A sample of the residents personal plans were reviewed by the inspector. It was found care plans had been developed that were specific to each resident. The plans were seen to be under regular review and reflected the changing needs of the residents. Comprehensive assessments of the residents' health and social care needs were completed. Residents health care needs were reviewed and documented, along with supports required to promote their physical and mental health.

As mentioned early in the report, the residents had individualised day services and were supported and encouraged to identify activities they would like to engage in via key working sessions. Residents were engaging in activities in their community such as, attending barbers and hairdressers and going out for lunch or dinner. Residents regularly walked to the local village shop to buy items of their choice. The staff team promoted the rights of the residents. There was evidence from residents declining outings or activities, and this was being respected by the staff. Two residents were also involved in an advocacy group. This group met regularly and had members from residents from other designated centres. Information was shared from these meeting at regular house meetings that took place in the centre.

Residents had access to positive behaviour support services. A review of a sample of behavioural support plans demonstrated that residents were regularly reviewed by allied health professionals and the providers multidisciplinary team members. The positive effect of the behavioural support plans was noted during the inspection, as one resident had received a plan in May 2023, which had a positive impact for resident quality of life and living environment.

The inspector viewed the contents of the medicine storage press. It was seen that arrangements were in place to keep this storage secure and it was found to be well organised with all items clearly labelled and in date. The person in charge and team leader had ensured a clear system is in place for the receipt and administration of medications. A sample of the medicine records were reviewed which were found to be of a good standard.

There were arrangements in place for identifying, recording, investigating and learning from serious incidents or adverse incidents in the designated centre. The inspector reviewed the centre's incident log and found that incidents were reviewed

by the centre's management team and members of the providers senior management when required. Staff debrief meetings were also taking place after incidents, along with regular staff team meetings. There was a risk register in place to identify risks for the designated centre and also individual risks for the residents in the centre. Both the risk register and individual risks were seen to be reviewed regularly, however some aspects required review. For example, some risk assessments did not have current risk ratings in place after the last review and a risk assessment in place for a resident did not identify a risk descriptor but had controls in place to migrate from a risk.

There were clear infection prevention arrangements at the centre. they reflected the current guidelines for the outbreak of an infectious disease. The provider had developed a contingency plan to respond to an outbreak of an infectious disease or COVID-19 if required. This informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff member, or staff shortages.

Regulation 10: Communication

Residents presented with different communication skills and used specific methods to convey their message. These included Lámh, vocalisations, facial expressions and verbally. The staff team were observed supporting residents in a way that met the resident's individual styles of communication as described in their personal plans. These approaches supported residents' understanding of what was happening during their day and enabled them to communicate their feelings and needs.

Judgment: Compliant

Regulation 11: Visits

The provider was facilitating residents to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and the wider community. Residents were supported to maintain contact with family and friends as they wished.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean, warm and homely.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that the residents were provided with a choice of food in line with any dietary or preferred meal choices. The designated centre had adequate facilities to prepare and store food hygienically. The inspector observed that all food was stored correctly and labelled when opened. Weekly meal planners were on display in the kitchen and residents had the choice to change this if they wished.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that would be easy to understand. This included information about complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the designated centre for the assessment and management of risks. The oversight of risk was primarily monitored through the centres risk register and each resident had identified individual risk assessment. However, the system in place required review. For example, an individual risk in place was seen to have controls in place but did not identify the risk in the risk descriptor. Some risk assessments were seen to be reviewed regularly, however

they did not have a current risk rating in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured appropriate infection prevention and control practices were being followed. The designated centre was observed to be clean. The person in charge had ensured schedules were in place for the cleaning and laundry facilities, appropriate cleaning equipment was available to staff, for example, colour coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Fire drills were completed regularly. Each resident had a personal emergency evacuation plan (PEEP) in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration, prescribing and storage of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment which identified the resident's health, social and personal needs was in place and regularly reviewed. The assessment informed the residents personal plan which guided the staff team in supporting residents identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to the residents.

Judgment: Compliant

Regulation 6: Health care

Health care supports had been appropriately identified and assessed. The inspector reviewed the health care plans and found that they appropriately guided the staff team in supporting the residents with their health care needs. Residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that all restrictive practices in the centre were clearly documented and a restrictive practice record was maintained by the person in charge for the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents and that systems were in place to protect residents from all forms of abuse.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Michael's House OSV-0001827

Inspection ID: MON-0032105

Date of inspection: 29/08/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Provider wishes to assure the Chief Inspector that both the Person in Charge and the Provider will ensure going forward that all Supervisions are completed within the required timeframe. This will be completed by November 13th 2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider wises to assure the Chief Inspector that the Person in Charge will have oversight of the center's audit schedule and will ensure audits are conducted and completed as per the schedule. This will be completed by November 20th 2023. Furthermore, the Provider can confirm that a complaints audit for 2023 has since been completed.	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Person in Charge wishes to assure the Chief Inspector that going forward all notifications from the residence will be reported as required by the regulations. This will be implemented with immediate effect.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Both the Provider and Person in Charge will ensure that for all complaints the documenting of the Complainant's satisfaction with the complaint outcome will be recorded on the complaint file.

This will be completed by November 13th 2023.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Provider wishes to assure the Chief Inspector that all open risks for the centre will be reviewed and updated accordingly by the Person in Charge. This will be completed by December 4th 2023.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/11/2023
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	20/11/2023
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to	Substantially Compliant	Yellow	04/12/2023

	the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
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	04/12/2023
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	12/10/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	13/11/2023