



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | The Mill                 |
| Name of provider:          | Dundas Unlimited Company |
| Address of centre:         | Meath                    |
| Type of inspection:        | Announced                |
| Date of inspection:        | 18 April 2023            |
| Centre ID:                 | OSV-0002420              |
| Fieldwork ID:              | MON-0030639              |

## About the designated centre

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

The Mill is a supported living accommodation complex which is situated near a village in Co. Meath. The Mill can support up to seven residents between seven apartments. All but one apartment is single occupancy, with one apartment suitable to meet the accommodation needs of two residents. Each resident has their own bedroom, kitchen-dinner and bathroom facilities. The Mill aims to provide a residential service for adults, both male and female, over the age of 18 years with intellectual disabilities, acquired brain injuries, mental health difficulties and/or medical difficulties. Residents are supported to engage in activities of daily living in a home like environment providing access to laundry, cooking and personal care facilities. Residents are supported by health and social care workers. Staff are allocated and resourced based on the individual assessed needs of the residents in the service. Residents living in The Mill are also encouraged and facilitated to avail of other facilities within the Talbot Group service and also within the local area and neighbouring communities. The aim of the centre is to provide care and support to maximise quality of life and well being through person centred principles within the framework of positive behaviour support. The centre is staffed by team leads, support workers and a person in charge.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 7 |
|--|---|

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 18 April 2023 | 10:00hrs to 18:15hrs | Raymond Lynch | Lead |

## What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were six residents living in the centre and the inspector met and spoke with three of them over the course of the inspection.

The centre comprised of a number of self-contained apartments in a courtyard setting in County Meath which was within walking distance of a nearby town. One arrival to the centre the inspector met the assistant director of services who checked the inspectors official identification and then invited the inspector to sanitise their hands.

The inspector observed that, the courtyard and communal garden areas to the front of the apartments were quiet, private, well maintained and only residents and staff had access to them. There was also garden furniture available for residents to avail of in times of good weather.

One resident was attending their day service on the day of this inspection and the person in charge explained to the inspector that the resident could engage in social and recreational activities of their choosing and preference. Learning opportunities such as literacy skills development was also available to the resident.

Another resident invited the inspector to view their apartment. They said that they loved their home especially, the privacy and having their own space. They also said that the staff team were great and they got on very well with them. Their apartment was observed to be nicely decorated and on the day of this inspection, it was generally clean and tidy. They had their own fully functioning kitchen cum dining room, a fully furnished sitting room and a ensuite bedroom. The resident also had pictures of their family on display in their home and told the inspector that they were visiting their family at the weekend and, were really looking forward to this.

The resident also said that they were hoping to go on holidays abroad later in the year with staff support and they were also looking forward to this break. The only minor issue the resident had with the service was that the Internet was not always reliable and at times, could cut out. Otherwise they said that they were very happy in their home and, with the staff team. They were also going on a shopping trip with staff later in the evening and said that they were looking forward to this

From a review of a sample of personal plans, the inspector saw that the assessed needs of the residents were clearly documented. This included their communication preferences, things they liked or disliked, how to support them to stay safe and how to support them with personal care. Some residents also had a number of goals documented, however, the inspector observed that in some cases, more information was required regarding what supports were needed in assisting the residents in

achieving their goals.

Later in the inspection process the inspector spoke with another resident. They said they they were generally happy living in the centre and they loved their home. They said that they liked to go for drives and walks around the courtyard and that staff were supportive. The resident had a good sense of humour and the inspector observed that they got on well with staff and the person in charge.

However, whilst the resident reported that they were generally happy and content in their home, they also said that at times, they had issues with one of their peers who could shout at them when they were having a walk in the communal courtyard area. The inspector asked the resident had they made a complaint about this and they replied that they had brought the issue to the attention of management. On review of documentation the inspector saw that the issue was being dealt with through the safeguarding process however, it has not been recorded as a complaint on behalf of the resident.

The inspector got to view some of the other apartments over the course of the inspection. All were observed to be clean, generally well maintained and decorated to the individual style and preference of each resident.

Towards the end of the inspection process, the inspector spent some time speaking with a third resident in their apartment. They were relaxing, playing records, having a cup of tea and told the inspector that they liked their apartment. They also said that they liked their 1:1 staff who was supporting them, and identified other staff whom they said they got on with and could have a laugh with. The resident spoke about some of their health-related issues and said that they were being supported with these. The resident was a keen artist and showed the inspector some of their art work which they had hanging on the wall.

However, while they reported that they were happy with their apartment and the staff supporting them, they said that they had some issues with the service and in particular, were not happy with the turnover of staff to include the recent turnover of persons in charge. The inspector observed that there had been a number of changes regarding the person in charge over the last 12 months and whilst the resident had vocalised they were not satisfied with this, it had not been registered as a complaint on behalf of the resident.

For the most part however, residents appeared happy and content in their apartments and staff were observed to be kind, caring and professional in their interactions with them. Additionally, residents were observed to be relaxed and comfortable in the company and presence of staff. Notwithstanding this, a number of issues were identified on this inspection with regards to the complaints process, risk management and the individual planning process.

The next two sections of this report discuss the above in more detail.

## Capacity and capability

For the most part, residents appeared happy and content in their homes and systems were in place to meet their assessed needs. However, the process of recording and managing complaints required review.

The centre had a clearly defined management structure which was led by a person in charge who provided leadership and support to their staff team. They were supported in their role by an assisted director of services, two nursing professionals and two team leads.

The person in charge was employed on a full-time basis in the organisation and was a qualified social care professional with a number of years experience working in and managing disability services. Over the course of this inspection they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

A review of a sample of rosters from January 2023 to April 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. The provider also had contingency plans in place to manage planned and unplanned leave.

One staff spoken with had a good knowledge of the one resident they were supporting on the day of this inspection. They also said they felt supported in their role and were able to raise any concerns, if needed, to the person in charge. Additionally, staff were receiving formal supervision in the service and from a small sample of files view, staff also had vetting and references on file.

From a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines.

The provider had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six monthly unannounced visit to the centre had been carried out on March 16, 2023. On completion of these audits an action plan was developed to address any issues identified.

However, the complaints process required review. While three residents spoken with by the inspector gave positive feedback on the service provided as a whole, they also raised some issues which had not been dealt with via the complaints process.

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were also found to be prepared for and responsive to the inspection process.

Judgment: Compliant

## Regulation 15: Staffing

A review of a sample of rosters from January 2023 to April 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

The provider also had contingency plans in place to manage planned and unplanned leave.

Staff were also receiving formal supervision in the service and from a small sample of files view, staff had vetting and references on file.

Judgment: Compliant

## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included;



- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic first aid
- safe administration of medicines
- Health and Safety
- Children's First
- Positive Behavioural Support

Judgment: Compliant

### Regulation 19: Directory of residents

The provider submitted an up-to-date directory as required for the renewal of the registration of the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure which was led by a person in charge who provided leadership and support to their staff team. They were supported in their role by an assisted director of service, two nursing professionals and two team leads.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six monthly unannounced visit to the centre had been carried out on March 16, 2023.

On completion of these audits an action plan was developed to address any issues identified.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Three residents spoken with were generally complimentary and positive about the quality of service provided however, they also raised the following issues:

- one resident complained about a peer to peer related issue
- one resident complained about the poor Internet service available in the centre
- one resident complained about the turn over of staff (in particular the turnover of the persons in charge over the last year).

While the peer to peer issue was being dealt with through the safeguarding pathways in the service and at the time of this inspection there was a steady management team in place in the centre (to include a person in charge), these issues as raised by the residents on this inspection had not been processed through the complaints procedures.

Judgment: Substantially compliant

## Quality and safety

The residents living in these apartments were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs. It was observed however, that aspects of the risk management and individual planning process required review.

The individual needs of the residents were being supported and encouraged in the centre. Where requested, residents were supported to engage in learning, recreational and social activities of their choosing and, their assessed needs were clearly stated in their individual personal plans. They were also being encouraged and supported to keep in contact with their families. It was observed however, that the process of planning, developing and progressing goals with the residents required review.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents.

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern. Again, one staff spoken with was aware of how to support residents in line with their positive behavioural support plans.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. At the time of this inspection there were three open safeguarding issues. The inspector observed that they had been reported to the safeguarding designated officer, the safeguarding team and to HIQA. Additionally, safeguarding plans were also in place to support residents safety and well being. It was observed that there was a delay hearing back from the safeguarding team regarding one safeguarding issue in the centre however, the person in charge and the assistant director of services informed the inspector that they would follow up on this as a priority.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, aspects of the risk management process required review and updating.

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Additionally, staff

had been provided with training in IPC. The person in charge informed the inspector that there were also adequate supplies of PPE and hand sanitising gels available in the centre. Additionally, the premises were laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

However, it was observed that a deep sleep fire drill was due so as to ensure any risks/issues identified during such a drill could be mitigated appropriately. This issue was actioned under regulation 26: risk management.

### Regulation 17: Premises

The premises were laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

At the time of this inspection only one of the apartments was being utilised as a shared facility. It had two bedrooms, a kitchen cum dining room, a shared bathroom and a living room. All other apartments were single occupancy with ensuite bedrooms.

Any apartment viewed by the inspector was observed to be clean and well maintained and decorated to the individual style and preference of each resident.

A well maintained communal courtyard and gardens were to the front of the property with adequate private parking facilities.

Any issues regarding the upkeep and maintenance of the property was being escalated to the maintenance department by the person in charge and assistant director of services.

Where a resident required significant support in maintaining and cleaning their apartment, this was risk assessed so as to ensure that support was available to the resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the

centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, aspects of the risk management process required review and updating.

For example:

- a falls risk assessment required review for one of the residents so as to ensure it provided accurate and up-to-date information regarding the residents history of falls
- a deep sleep fire drill was required for the centre, so as to ensure any risks/issues identified during such a drill could be mitigated appropriately.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related areas to include:

- Infection Prevention Control and Anti-Microbial Stewardship
- Cleaning and Disinfecting Healthcare Equipment
- Management of Spills
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment

The person in charge informed the inspector that there were also adequate supplies of PPE and hand sanitising gels available in the centre.

The inspector also observed in one of the apartments there were colour coded mops and cloths available.

Additionally, where a resident had difficulty in maintaining and cleaning their apartment, this issue was risk assessed and, they were provided with encouragement and support from management and staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire

extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

However, it was observed that a deep sleep fire drill was due so as to ensure any risks/issues identified during such a drill could be mitigated appropriately. This issue was actioned under regulation 26: risk management.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged and where requested, residents were supported to engage in learning, recreational and social activities of their choosing. Additionally, their assessed needs were clearly stated in their individual personal plans.

However, the process of planning, developing and progressing goals with the residents required review. This was important as in some instances, residents were not achieving their monthly goals for specific reasons however, inadequate information was available in their individual plans concerning what supports they required in order to achieve those goals.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP
- Physiotherapy
- Occupational Therapy
- Optician
- Dietitian
- Dentist
- Chiropody

Each resident was booked in for an annual review of their overall health and

hospital/clinical appointments were arranged and facilitated as required

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice.

One staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern.

One staff spoken with was aware of how to support residents in line with their positive behavioural support plans.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place.

At the time of this inspection there were three open safeguarding issues. The inspector observed that they had been reported to the safeguarding designated officer, the safeguarding team and to HIQA.

Additionally, safeguarding plans were also in place to support residents safety and well being.

It was observed that there was a delay hearing back from the safeguarding team regarding one safeguarding issue in the centre however, there was a safeguarding plan in place regarding this issue and the person in charge and the assistant director of services informed the inspector that they would follow up on this as a priority.

The concept of safeguarding was also discussed with residents at their team meetings and also discussed at staff meetings as part of the standing agenda.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 19: Directory of residents  | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Compliant               |
| Regulation 26: Risk management procedures  | Substantially compliant |
| Regulation 27: Protection against infection  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Substantially compliant |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for The Mill OSV-0002420

Inspection ID: MON-0030639

Date of inspection: 18/04/2023

## 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 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaint made by the residents on the day of the inspection has been logged and is being addressed in line with the Talbot Group Policy and procedures. All complaints will be addressed in line with the Talbot Groups complaint policy. Complaint policy reviewed at weekly house meeting and copy given to all residents.</p> |                         |
| Regulation 26: Risk management procedures   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Residents FRAT has been updated on 02/05/23 and will be regularly reviewed by PIC along with all residents' assessments.</p> <p>A deep sleep Fire drill was completed in the center and recorded on the 08/05/23 for all residents. A deep sleep fire drill will be scheduled and documented throughout the year.</p>           |                         |
| 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:

A review of all residents' goals was completed in the Centre on 03/05/23 and 08/05/23. The templates were reviewed in detail and staff were shown how to log if residents' goals have not been achieved or if extra support is required to complete the goal. PIC has given guidance to staff on how to complete the document and how to achieve goals within the center in a timely manner.

## 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 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      | 09/05/2023               |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow      | 31/05/2023               |
| Regulation 05(6)(c) | The person in charge shall  | Substantially Compliant | Yellow      | 31/05/2023               |

|  |  |  |  |  |
|--|--|--|--|--|
|  | ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. |  |  |  |
|--|--|--|--|--|