



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

Issued by the Chief Inspector

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| Name of designated centre: | Glenageary |
| Name of provider: | St John of God Community Services Company Limited By Guarantee |
| Address of centre: | Co. Dublin |
| Type of inspection: | Announced |
| Date of inspection: | 24 August 2021 |
| Centre ID: | OSV-0003578 |
| Fieldwork ID: | MON-0026243 |

About the designated centre

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

The designated centre is based in a suburban area of South County Dublin and is comprised of three community based units. One unit is a detached house and is home to five residents, the second is also a detached house and home to six residents while the third is a semi-detached property and is home to four residents. The centre provides 24 hour residential supports for residents availing of its services and places a focus on providing person centred care, promoting independence, enhancing community integration and participation, and enhancing the quality of life of residents. The centre is managed by a person in charge, they are supported in their role by a deputy social care leader and a senior manager. A staffing compliment of social care workers and nursing staff support residents in each of the three houses that make up the designated centre.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 15 |
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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 |
|------------------------|----------------------|-------------------|------|
| Tuesday 24 August 2021 | 10:00hrs to 17:00hrs | Ann-Marie O'Neill | Lead |

What residents told us and what inspectors observed

The inspector visited two of the three residential houses that made up this designated centre during the course of the inspection. The inspector had carried out an inspection of this designated centre in October 2020 and had visited the other residential unit during that inspection.

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre. It was noted however, the provider intended to re-configure this designated centre in the future and the residential houses that made up this centre would be incorporated into other designated centres. The purpose of the proposed reconfiguration was to ensure greater governance and oversight arrangements to ensure positive outcomes for residents and continued good quality care and support.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector also respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector spoke mostly with residents in the first residential house they visited. Residents were sitting outside on the decking in the rear garden of the centre. The decking area was covered with an awning and was provided with comfortable couches, a folding table tennis table, and an exercise bicycle. Further, to the rear of the garden, there was a small cabin which contained a chill out space for residents where they kept music equipment and a microphone and stand.

Residents spoken with said they felt safe and happy in their home. They told the inspector how long they had lived in the house and mentioned they were friends with the peers they had previously shared with the house with. The inspector was provided with a folder which contained a large number of photographs of the activities the residents had engaged in over the previous year. For example, trips and excursions, yoga sessions at home, baking, cooking and visits to their family.

Residents told the inspector that they were very happy being able to resume visits with their families and friends again. They told the inspector they missed attending their day service and had not been since last year. This had impacted on them a lot and they were looking forward to their daily routines and activities going back to the way they were before the pandemic restrictions had occurred.

Residents were observed interacting with each other and were happy and comfortable in each others company and having jovial interactions and chats with each other while the inspector was present. Residents then went about their day and to planned activities. It was also noted some residents living in the designated centre had begun to return to their day services the week of the inspection. This was a positive outcome for those residents, whom the inspector noted, had found

the restrictions created by the pandemic difficult resulting in them experiencing distress at times during the previous year.

Staff were observed to speak in a nice way to residents and were shown to be patient and supportive to residents during the course of the inspection.

The provider had made some good progress on reducing the number of shared bedrooms in this designated. Previously, each residential house that made up this centre had contained a shared bedroom. This inspection found the provider had reduced the number of shared bedrooms to just one of the three residential houses.

This had been achieved by reconfiguring and carrying out some building works in one residential house, in the other residential house, a resident had been supported to successfully transition to a different home in the locality. This transition had been carried out in consultation with the resident and was noted to be well planned and organised. The resident had been provided with an opportunity to visit their new home, get to know the residents in their new home and to see the bedroom they would have.

On this inspection, the inspector visited the residential house that contained the last remaining shared bedroom space.

The bedroom was observed to be nicely maintained and decorated, however, it was small and could not provide adequate space for the two adult residents that shared the bedroom.

Most of the bedroom space was taken up with two wardrobes, one for each resident, and two single beds, providing very little space for residents to spend time in their room engaging in hobbies or personal activities if they wished. However, more so, the arrangement did not provide adequate privacy arrangements for residents if both of them were using the bedroom at the same time. This required considerable improvement.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection, however, as mentioned, improvement was required to ensure all residents living in the centre were provided with appropriate privacy supports.

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

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents.

On the previous inspection, due to COVID-19 pandemic restrictions and in line with infection control procedures, the inspector had only visited one residential house that makes up the centre. On this inspection, the inspector visited the remaining two houses that made up this designated centre.

It was demonstrated the provider had made progress in reducing the number of shared bedrooms in the centre from three to one. This matter is further discussed under quality and safety. However, overall it was demonstrated that the provider had undertaken considerable improvements in the areas of fire safety and premises during the previous registration cycle, to bring about better quality service outcomes for residents.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits of the the centre. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period.

The provider had also included Regulation 27: Protection against infection during their provider led visits, demonstrating good governance oversight of infection control in the centre during the pandemic.

The provider had completed a 2020 annual report for the centre as required by the regulations.

In addition, the person in charge carried out a suite of audits in key quality areas within each residential house that made up the designated centre. These audits were carried out in areas such as, personal planning, infection control and medication management.

The provider had ensured staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part.

The inspector reviewed rosters across all three residential houses that comprised the centre and noted they clearly documented the staffing shifts in each house and utilised redeployed staff where necessary to fill staffing shortfalls. There was a slight shortfall of staffing resources noted of 0.5 whole -time- equivalent numbers. However, this was being suitably covered by staffing arrangements within the

centre.

The person in charge was responsible for this designated centre and one other designated centre. The provider had put systems in place to ensure a social care leader was in place to supervise and manage the centre on a day-to-day basis also. They had taken up the role of person in charge in March 2020, to fill the position of person in charge while they were on a planned long-term absence. The person in charge was found to meet the requirements of regulation 14 and associated sub-regulations.

The provider had also submitted a full and complete application to renew registration for this designated centre.

Up-to-date insurance was in place. A residents' guide, that met the requirements of Regulation 20 was available to residents.

The statement of purpose accurately reflected the services provided in the designated centre and met the requirements of Schedule 1 of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was found to be suitably experienced and qualified to meet the requirements of Regulation 14.

They had a very good knowledge and understanding of the needs of residents. Residents were familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Overall, there were adequate numbers of staff and an appropriate skill-mix in place to meet the assessed needs of residents.

It was noted there was a shortfall whole-time-equivalent of 0.5 for the centre. However, this shortfall staffing resource was being managed within the staff compliment for the centre at the time of inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured there was up-to-date insurance cover for the centre and had provided a copy of the up-to-date insurance document as part of the registration renewal application for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audit for the centre had been completed.

The provider had completed an annual report for the centre for 2020.

The person in charge carried out a suite of quality assurance audits in each residential unit that comprised the centre.

It was acknowledged that the provider had addressed a number of high-priority non-compliances from the previous 2018 inspection to a good standard. These included fire safety precautions and the elimination of shared bedrooms within the centre.

While there remained one shared bedroom in the centre, it was acknowledged that the provider was engaging in a consultation process with residents and families which was ongoing at the time of inspection.

This was in order to establish the will and preference of residents and to promote optimum advocacy and information sharing around this process while striving for improved privacy and dignity arrangements for residents in all areas of the centre.

Therefore, regulatory findings in relation to this matter were found under Regulation 17: Premises and Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to meet the regulatory requirements of Regulation 3 and to accurately describe the services provided in the centre and the governance arrangements.

Judgment: Compliant

Quality and safety

Residents living in the centre were in receipt of a good quality service. A good level of compliance was found on this inspection. Residents spoken with told the inspector they felt safe and were happy in their home but were frustrated at not being back to their day service yet due to the ongoing pandemic restrictions.

The provider had supported a resident to transition from one of the residential houses since the previous inspection, reducing the number of shared bedrooms in the centre to one, where previously there had been three. Improvements were still required in relation to the remaining shared bedroom which could not provide adequate privacy and dignity arrangements for the residents that used it.

The provider had undertaken to address a suite of fire safety improvement works following an inspection in 2018. Fire safety arrangements in each house that made up the centre were reviewed by an appropriately qualified person. On foot of this assessment and recommendations made the provider had undertaken to address all required works. The inspector had been previously provided with a breakdown of works that had been required and an associated certificate of completion for all works and carried out an observational review of the fire safety arrangements in the two residential houses visited during this inspection.

Overall, it was demonstrated fire containment measures were of a good standard in each house. Fire doors were located throughout with automatic door closers fitted. Emergency lighting was located at key areas, fire servicing checks were up-to-date and fire evacuation drills were carried out with good frequency and evaluated different evacuation scenarios. Staff had received up-to-date fire safety training with refresher training also provided.

Residents' healthcare needs were met to a good standard. Residents received annual health checks with their General Practitioner (GP) and additional allied health professional assessments and reviews as required and relevant to their age profile. Health care planning for conditions such as diabetes and epilepsy were of a good standard and were kept up-to-date and reviewed to reflect changes in residents' health profile. In addition, where residents required other healthcare supports they

were supported to attend their out patient appointments on a regular basis.

Healthcare plans were in place which provided guidance to staff on how to monitor for signs and symptoms of infection. Diabetic management plans were frequently reviewed by residents' clinicians and updated accordingly to provide staff with contemporary guidance on the management of residents' diabetic insulin needs.

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults. Where required, safeguarding planning was in place. It was noted in one residential house, there had been an increase in the frequency of peer-to-peer safeguarding incidents during the Summer months. This had been deemed attributable to the change in day services and structure and routine for some residents. It was shown that responsive action had been taken by the person in charge and provider to review these matters.

On the day of inspection, a resident, that had experienced difficulties due to the pandemic restrictions, had resumed their day activity programme outside of the centre, initially starting for a reduced number of days in the week with progression to a full time programme thereafter. This was a good initiative as it would bring improved consistency for the resident's daily routine and limit the likelihood of them being present during peak transition times that occurred in the centre which posed difficulties for the resident.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents as required. These plans had been updated and reviewed by an allied professional with expertise and knowledge in the area of positive behaviour support. There were no identified restrictive practices in operation at the time of inspection.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Residents spoken with indicated their knowledge of the use of wearing face masks when going out shopping and the importance of good hand hygiene. The inspector also observed residents wearing face coverings while going on a trip outside of the centre.

The inspector reviewed the centre's COVID-19 contingency and isolation planning with the person in charge. These plans were found to be detailed, practical and well

thought out. The person in charge had also made some enhanced planning arrangements by creating self-isolation plans for each resident in the event of potential confirmed COVID-19 for a resident in the centre. Overall, good contingency planning measures were in place which had taken into detailed consideration the individual arrangements required for each resident and had also taken into account where residents shared a bedroom space.

The provider and person in charge had made good progress in reducing the number of shared bedroom spaces in the centre. Previously, there had been a shared bedroom space in all three of the residential houses that made up this centre. On the last inspection, it was noted the provider had reduced the number to two shared bedrooms.

On this inspection, further progress had been made, with the successful transition of a resident from another of the residential houses to a home nearby where they had their own bedroom and in full consultation and agreement with them. Residents spoken with on this inspection told the inspector they were able to meet with their peer when they wished and knew where they had moved to, demonstrating they were being supported to maintain ties and links with their peer that had moved out. Transition planning was found to be detailed and planned and demonstrated the resident's involvement with the process at each stage.

While the inspector acknowledged the provider's efforts to reduce the number of shared bedrooms in the centre, there remained one shared bedroom space located in one residential house that made up the centre. The inspector carried out an observation of the bedroom space with the permission of residents and supported by a staff member. It was noted the bedroom space was maintained in a clean and tidy manner.

However, it was demonstrable that it was not an appropriate living arrangement for the adult residents that used it as it could not provide appropriate privacy and dignity supports for the residents that shared the space. The provider had ensured each resident had their own wardrobe space in the bedroom which was a considered provision for residents, however, this in turn impacted on the space available for residents to use their bedroom space for personal activities other than dressing and sleeping.

While the provider had made considerable improvements to the premises by supporting residents to reduce the number of shared bedrooms in the centre, over the previous registration cycle, it was not demonstrated all residents' had adequate provisions for private and communal space in their home. Equally it was not demonstrated each residents' privacy and dignity was upheld and provided for to a suitable standard and therefore Regulation 17: Premises was met with Substantial compliance and Regulation 9: Rights was met with Not Compliant.

Regulation 17: Premises

Each residential house visited on inspection was maintained to a good standard.

The provider had reduced the number of shared bedrooms in this centre from three to one during the previous registration cycle.

This had impacted positively on the lived experience of residents living in the centre. It had also ensured improved communal space, storage and privacy arrangements for residents in two of the residential houses that made up the designated centre.

However, improvements still remained for one of the residential houses. A shared bedroom space in the centre meant not all residents had access to adequate private accommodation in their home.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and person in charge had created detailed comprehensive contingency and isolation plans for the centre.

The person in charge had completed a COVID-19 outbreak preparedness assessment on a number of occasions over the previous year to ensure a continual assessment of the plans in place.

The provider had assessed regulation 27: Protection against infection, on each of their six-monthly unannounced visits to the centre.

The provider had also taken into consideration the individual isolation needs for residents sharing bedrooms.

There was evidence of public health infection control guidelines implemented in the centre.

Adequate supplies of PPE were made available to staff and residents spoken with were knowledgeable on infection control public health guidelines and were supported to implement good infection prevention practices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitably addressed fire safety not compliant findings across all residential houses that made up the centre.

The inspector observed the presence of fire doors with smoke seals and door closing devices in each residential house visited on this inspection.

Fire safety servicing checks were up-to-date.

Fire evacuation practice drills were completed in each house and evaluated different evacuation scenarios each time.

All staff had received up-to-date fire safety training with refresher training provided for.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed matters in relation to the transition planning for residents that had moved from the centre since the previous inspection.

Effective transition planning arrangements had taken place which ensured full involvement of the resident during each step of the process. The resident had been supported to meet residents in their new home and spend time getting to know them.

Staff had also supported the resident to visit their new home and see their new bedroom space. The resident had also had the opportunity for consultation about the transition from the centre and were involved in the decision making about where they would move to.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs continued to be well supported in this centre.

Healthcare plans were detailed, informed by allied professional recommendations and reviews and provided guidance for staff to implement to support residents to achieve their best possible health.

While most residents living in the centre were not in the age group to avail of National Screening supports, some residents were supported to avail of diabetic retinopathy screening in line with their diabetes management plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, positive behaviour support planning arrangements were in place. These plans had been devised by appropriately qualified professionals and were evidence based.

Of the sample reviewed on inspection, they had been recently updated to reflect new guidance and recommendations for residents.

No identified restrictive practices were in place in the centre at the time of inspection. Residents were supported to engage in positive risk taking and be as independent as possible in their daily lives.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the person in charge and staffs understanding of National safeguarding vulnerable adults policies and procedures.

Safeguarding procedures were followed and implemented following any potential or actual safeguarding incidents.

Safeguarding arrangements were also under review and additional measures had been put in place to support residents in re-establishing their day service activities with a view to reducing behavioural incidents which in turn could result in safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

While the provider had improved the privacy and dignity arrangements for residents living in two residential houses that made up the centre, there remained considerable infringements on the privacy and dignity arrangements for residents that continued to share a bedroom in one of the residential houses.

This required improvement.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had created a residents' guide for each residential house that made up the centre.

They were found to meet the requirements for Regulation 20 and were comprehensive in scope.

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 |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |
| Regulation 20: Information for residents | Compliant |

Compliance Plan for Glenageary OSV-0003578

Inspection ID: MON-0026243

Date of inspection: 24/08/2021

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 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: The remaining shared bedrooms remains high on the agenda for this Designated Centre and something the person in charge and the residential management team are aware of and trying to resolve. The shared bedroom is reviewed at least quarterly by the residential planning group and as suitable places arise they will be offered to the individuals currently sharing a bedroom. A vacancy that will meet the needs of the resident has become available within the larger residential service. The person in charge will meet with the identified residents and their circle of support to offer them the opportunity to move. If necessary an independent advocate will be sourced for the residents to enable them to communicate their wishes and to ensure we are clearly hearing their voice throughout the process. The moves will only happen with the individuals consent. The vacancy in this DC will not be backfilled and the move will mean that all residents have their own bedroom.</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents who currently share the bedroom were offered to move to a new Designated Centre as a space became available in late 2020 and they along with their Circles of Support declined the opportunity to move. Since then two more spaces have become available within the residential service. The residents will be offered the opportunity to move to one of these vacancies. If they accept the vacancy in this house will not be backfilled and all residents will have their own bedroom. Once the resident consents to this move and the bedroom becomes available, the transition plan will commence starting with a compatibility period in the new house. If necessary an independent advocate will be engaged, with the residents consent, to ensure that the</p> | |

resident's voice is heard in relation to this move.

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 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/03/2022 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Not Compliant | Orange | 31/03/2022 |