



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

## Issued by the Chief Inspector

Name of designated centre:	SVC - MPH
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV-0007769
Fieldwork ID:	MON-0043354

## About the designated centre

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

This designated centre is based on the St Vincent's Campus in a suburban area of North Dublin. It is comprised of one residential unit which consists of an entrance hallway; a kitchen, dining and living room area; a sensory room; a staff office; seven resident bedrooms; toilets, bathrooms and shower rooms; store rooms; a visitor room and a laundry room. The centre supports up to seven residents with complex medical needs. It provides a 24 hour residential service to residents and employs a staff team made up of a person in charge, a clinical nurse manager, staff nurses, care staff and household staff.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 20 February 2025	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the staff and residents told the inspector and what the inspector observed, there was evidence that the residents living in the centre received good quality care and support. However, maintenance and repair was identified as required in a number of areas which consequently had an impact on infection prevention and control arrangements. This is a nurse led service as a number of residents presented with high medical care and support needs.

The centre comprises a seven bedroom bungalow. It was located on a residential campus-based setting, adjacent to a number of other designated centres operated by the provider. There were three day services located on the campus and each of the residents attended one of these day services on either a full-time or a sessional basis. The campus is located in a residential area of a city and is in close proximity to a range of local amenities such as cafés, shops, public houses, restaurants, public parks and transport links. Within the campus setting there were a number of communal gardens, a swimming pool and a play ground.

There were long-term plans to decongregate the designated centre in line with the Health Service Executive (HSE) National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". However, the clinical nurse manager 2, reported that a defined timeline for same had not yet been determined albeit some progress was being made with a potential transition identified for two of the residents.

The centre was registered to accommodate a maximum of seven adult residents. One of the seven residents spent the majority of their time in their family home with regular but infrequent overnight stays in the centre. Each of the other residents also had regular contact with their families.

The inspector met with five of the seven residents on the day of inspection. These residents appeared in good form and were happy in the company of staff. The majority of the residents had limited communication skills. One of the residents indicated to the inspector that they were happy living in the centre and that staff were kind to them. It was evident that these residents had a strong rapport with the staff who were caring for them. A staff member was observed to support a resident to enjoy a snack in a calm, kind and supportive manner.

The seven residents had been living together for an extended period and were considered to get along well together and enjoyed spending time together. There were a small number of residents who presented with some behaviours which could be difficult to manage in a group living environment. However, incidents were considered to be well managed.

The centre was found to be comfortable and homely. However, there were a number of worn surfaces observed. These included worn and chipped paint in a

number of areas and in particular doorways. It was noted that some damage was likely caused by the residents' wheelchairs and two doorways had been identified for refurbishment works to widen. There were areas of worn surfaces on press doors in the kitchen and the cooking hob had worn surfaces. The flooring in some areas appeared worn, in particular outside the bathroom door. The interim person in charge reported that one of the bathrooms had been identified for full refurbishment. Each of the residents had their own bedroom which they had personalised to their own taste with pictures of family, soft furnishings, cuddly toys and other memorabilia. A number of the residents had pictures of horses in their room and their favourite football teams which was their passion. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. The bedrooms were a suitable size and layout for the residents' individual needs. There were appropriate numbers of toilets, showers and baths provided in the centre along with communal and private spaces. There was satisfactory arrangements in place for the storage of personal belongings including clothing and other items.

Examples of activities that residents engaged in included, walks within the campus and to local scenic areas and beaches, church visits, cinema, observing horse racing, cooking and baking, arts and crafts, meals out and shopping. There was a good supply of arts and crafts materials, books and board games available in the centre. The centre had its own private garden area to the rear of the centre which included a seating area for outdoor dining and a number of planting beds and containers. There was also a pergola area. One of the residents had spearheaded a project seeking wind chimes, key chains, etc from different countries. It was proposed that the area would give the seven residents a sense from some of these countries, recognising that they may not have an opportunity to visit there themselves on medical grounds. The residents could also access a number of communal gardens, a swimming pool and a play ground within the campus grounds.

There were two dedicated household staff responsible for cleaning who were supported and assisted by other staff members. There were detailed checklists in use and the inspector reviewed records which were found to be appropriately maintained for areas cleaned. The inspector met with a member of the household staff on the day of inspection who showed the inspector records completed and cleaning processes used. The inspector found that there were adequate resources in place to clean the centre.

The inspector did not have an opportunity to meet with the family of any of the residents but it was reported by the staff nurse in charge that they were happy with the care and support being provided for their loved ones. The provider had completed a survey with residents and relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided.

The inspector met with three members of the staff team during the course of the inspection. These staff members spoke about the residents in an appropriate, kind and respectful manner and had a good knowledge of their individual needs including communication methods and dietary requirements. The staff members told the inspector that they enjoyed working in the centre and that they felt supported by

the management and staff team.

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

## Capacity and capability

The inspector found that there were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs. The provider has ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents. However, as identified later in the report maintenance and repairs were required in some areas.

The person in charge was on extended leave on the day of inspection and an interim person in charge had been appointed. The interim person in charge and the clinical nurse manager were on annual leave on the day of inspection. This inspection was facilitated by a senior staff nurse who was assigned as being in charge on the day of inspection. A telephone interview was conducted by the inspector with the interim person in charge, on their return from leave. The interim person in charge had taken up the position in January 2023. She was in a full-time position and was responsible for one other centre which was located on the same campus. The interim person in charge was suitably qualified and experienced. She was a registered general nurse and held a masters in intellectual disabilities and a certificate in management. She had more than five years management experience. She presented with a good knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. The interim person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge was supported by clinical nurse manager, grade 1. The interim person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The interim person in charge and CNM 3 held formal meetings on a regular basis.

## Regulation 14: Persons in charge

There was a suitably qualified and experienced interim person in charge of the

centre. The interim person in charge had taken up the position in January 2023. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the interim person in charge. These documents demonstrated that the interim person in charge had the required experience and qualifications for their role. She was in a full-time position and was responsible for one other centre located on the same campus. She had a good knowledge of the assessed needs and support requirements for each of the residents living in the centre and of the requirements of the regulations. The interim person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were found to be appropriately qualified and experienced to meet the residents needs. This was a staff nurse-led service with a registered staff nurse rostered on each shift. The full complement of staff were in place at the time of inspection. The inspector reviewed the planned and actual staff rosters for the preceding four week period. These rosters were found to be maintained to a satisfactory level and demonstrated that there were adequate numbers of staff on duty with the required skills to meet residents' assessed needs. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents. A sample of four staff files were reviewed and these were found to contain all of the information required by the regulations. The inspector noted that the residents' needs and preferences were well known to the interim person in charge and the three staff met with on the day of this inspection. The staff team comprised of registered staff nurses, support workers, household staff and the interim person in charge.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. It was noted that one staff member was due to attend fire safety and another staff member due to attend food safety, but both training sessions had been scheduled. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents

and promoted safe social care practices, such as managing feeding, eating and swallowing and transport. The inspector found that there were satisfactory arrangements in place for the supervision of the staff team. However, supervision records were not available for review on the day of this unannounced inspection as the interim person in charge and clinical nurse manager 1 were on leave. On telephone interview the interim person in charge reported that all staff had received supervision in line with the providers supervision policy. Staff members spoken with reported that they found the supervision provided to be supportive. There were no volunteers working in the centre at the time of inspection. Two staff members spoken with on the day of inspection, told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings in the preceding three month period. These were chaired by the interim person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues, and to review policies and procedures.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents maintained in the centre which was reviewed by the inspector. It was found to contain all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support. There was a strong leadership team in place and the interim person in charge demonstrated that they were competent and were knowledgeable about the legislation, regulations, national policy and their statutory responsibilities. The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six-monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, finance, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks. The inspector reviewed minutes of regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to contain all of the requirements of Schedule 1 of the regulations. The inspector observed that the statement of purpose had recently been reviewed and a copy was available in the centre for residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents was maintained and where required these were notified to the office of the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the centre in the preceding three month period and found that they had been appropriately recorded and responded to. Where required, these were notified to the Chief Inspector, within the time frames required in the regulations. Overall it was noted by the inspector that there were low numbers of incidents reported in this centre.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. A safe and comfortable environment for individuals was observed by the inspector. However, maintenance and repair was required in a number of areas which consequently had a negative impact on infection prevention and control arrangements. It was also noted that record keeping in relation to residents' activities and residents' goals required some improvements.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan reflected the assessed needs of each resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where

required, which were then shared with the staff team to ensure that they were implemented.

There was evidence available to demonstrate that residents were supported to engage in some meaningful and rewarding activities. However, records were not always adequately maintained of activities that residents engaged in and goals for a number of residents had not yet been established or recorded for 2025. Activities that residents were supported to engage in reflected their abilities, needs and interests and it was clear to the inspector that the staff met with knew the residents needs well and acted as advocates for them when required. In addition, there was evidence of good consultation with the residents and their families and representatives. There were regular house meetings where plans for activities and menus were discussed and agreed. There were picture exchange systems used during the meetings to ensure that residents with communication difficulties could understand the options available to them and to offer them opportunities to contribute.

### Regulation 17: Premises

The inspector found that the centre appeared clean and warm. It provided for a comfortable environment for residents. However, there were a number of worn surfaces observed. These included worn and chipped paint in a number of areas and in particular doorways. It was noted that some damage was likely caused by the residents' wheelchairs and two doorways had been identified for refurbishment works to widen them. There were areas of chipped paint on press doors in the kitchen and the cooking hob had worn surfaces. The flooring in some areas appeared worn, in particular outside the bathroom door. These issues are actioned under Regulation 27. The interim person in charge reported that one of the bathrooms had been identified for full refurbishment. A new shed for the storage of some equipment and cleaning materials was in the end stages of construction to the side of the bungalow.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place which contained the information required by the regulations. Individual and environmental risk assessments had been recently reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training. A risk register was maintained in the centre. Individual safety plans were in place for residents identified to require same. The inspector reviewed a schedule of checklists relating to health and safety, fire

safety and risk which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the preceding three month period, There were overall a low number of incidents recorded and there was evidence that all incidents were reviewed by the interim person in charge, and where required learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable infection control procedures in place. However, there were a number of worn surfaces in the centre, as referred to under Regulation 17. This meant that these areas could be more difficult to effectively clean from an infection control perspective. This meant that the provider could not be assured of the infection control arrangements in place which was particularly important in this centre given the high medical needs of a number of the residents and their compromised immunity. A cleaning schedule was in place which was overseen by the person in charge. There were two household staff assigned to work in the centre. The inspector met with one of them on the day of inspection and they presented with a good knowledge of the infection control procedures in place and their role in upholding those procedures. All areas appeared clean. Colour-coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The inspector reviewed records which showed that specific training in relation to infection control had been provided for all staff.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Records reviewed by the inspector showed that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. Records reviewed by the inspector

showed that fire drills involving the residents had been undertaken on a regular basis and that the centre was evacuated in a timely manner. Records showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the fire door release mechanism on a sample of doors and found that they were successfully released and doors were observed to close fully.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

From what the inspector observed, there was evidence that the residents received good quality care and support. However, records were not always adequately maintained of activities that residents engaged in and goals for a number of residents had not yet been established or recorded for 2025. The inspector reviewed the personal support plan for three of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. The plans had been reviewed on an annual basis in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs were being met by the care and support provided in the centre. This is a nurse led service with a staff nurse on duty at all times. Each of the residents had a named general practitioner(GP). A healthy diet and lifestyle was being promoted. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital. A health management plan was in place for a number of the residents who had significant health issues. It was evident that the provider took a person-centred approach to residents' health care needs and that they provided them with appropriate information and education so that they could make informed choices about their healthcare. For example, individual health plans were in place for residents identified to require same for specific health issues and these were personalised to reflect resident likes and dislikes in relation to specific health treatments.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. A small number of the residents presented with some behaviours which could be difficult to manage in a group living environment and had the potential to have an impact on other residents. In general these incidents were well managed. Suitable 'My behaviours of concern' plans were in place to support each of the residents and the inspector found that residents were appropriately supported. The inspector reviewed training records which showed that all staff had attended training in the management of behaviour that is challenging, including de-escalation and intervention techniques. The inspector reviewed the centres restrictive practice register and found suitable restriction reduction plans in place. Overall, the inspector found that the restrictive practices in use were the least restrictive procedure, for the shortest duration possible.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding 12 month period. Safeguarding information was on display and included information on the nominated safeguarding officer. Staff members spoken with were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a safeguarding policy in place and the inspector found that the interim person in charge and staff team were familiar with the procedures it outlined. In addition, each resident had an intimate care plan in place which provided clear guidance for staff in supporting residents intimate care needs.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence to demonstrate that residents' rights were supported and promoted by the care and support provided. The majority of the residents had limited verbal communication skills. However, the inspector found that person-centred care which upheld residents rights was being promoted. For example, choice in relation to routines for mealtimes, daily routines and bed times were provided and communication aids such as picture boards were being used to attain residents views. Each of the residents had an individual rights assessment which had

recently been reviewed. This covered their personal possessions, home, wider environment and community, money, privacy, health and safety and freedom of speech. The provider had a charter of rights in place and staff spoken with were familiar with same. The residents had access to the national advocacy service if they so chose and information about same was available for residents in the resident's guide. The inspector observed that information on residents rights, complaints process, decision making capacity and the national advocacy service were available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding their care and the running of the centre. The inspector observed a staff member supporting a resident with a meal in a kind calm and supportive manner. From speaking with three staff, it was evident that they knew residents well and were aware of their preferences where they were unable to voice them. There was a compliant policy in place. There had been no complaints recorded in the preceding six month period. Records reviewed by the inspector showed that staff had completed rights training.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for SVC - MPH OSV-0007769

Inspection ID: MON-0043354

Date of inspection: 20/02/2025

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Painting has commenced as per St. Vincent's Centre schedule. Same was coordinated with the Senior Management.</p> <p>Maintenance emailed and informed all repairs required.</p> <p>The Service Manager was informed of larger repair items such as new flooring, kitchen and bathroom refurbishments.</p>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2025