



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group S
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	29 April 2022
Centre ID:	OSV-0007925
Fieldwork ID:	MON-0031851

About the designated centre

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

St. Vincent's Residential Services Group S is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen/dining room, a utility room, two sitting rooms, bathrooms and a garage. Residents are supported by the person in charge, nurses, social care workers, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 29 April 2022	09:35hrs to 16:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

A calm and social atmosphere was encountered by the inspector during this inspection. Residents had been provided with a homely house to live in while staff members on duty were seen and overheard to interact positively with residents throughout.

On arrival at this designated centre, three of the four residents living there were initially present. Two of these residents were met in the kitchen area where one resident was doing some drawing that they seemed keen to show the inspector. Members of the centre's management were present in the kitchen at this time and a third resident entered and engaged pleasantly with one of the managers. Shortly after entering the centre the inspector was directed by the person in charge to do some COVID-19 checks and take his temperature. The fourth resident who lived in this centre had been out for a drive at the start of the inspection but returned for a brief period shortly after.

The inspector met this resident in the presence of the person in charge who talked about the resident getting a new job at their day services. The resident appeared very happy when this was mentioned. Soon after meeting this resident they left the centre with staff via one of the centre's two vehicles to attend day services. This resident was not met again for the remainder of the inspection. Two other residents also left the centre at this time leaving one resident in the centre but later in the morning a potential future resident visited the centre and was observed to move freely throughout communal areas of the centre while they were present.

It was seen that the house provided for residents to live in was homely, well-maintained, well-furnished and clean overall. Furniture in the house appeared new with facilities present including kitchen areas and toilets. It was noted that communal areas were spacious and bright. Each resident had their own bedroom while residents were also able to sit outside on patio furniture that had been provided. A notice board was present in the hall area which contained information on how to make a complaint, a charter of rights, a visual staff roster with photographs of staff on duty and a board highlighting certain roles that residents in the house had. One resident held the role of bird feeder with a staff member later telling the inspector that the resident filled up bird feeders that were located outside the house which they liked to do.

Early into the inspection the inspector visited the house's utility room and noted two laundry baskets present, one marked for clean laundry and one for dirty laundry. On initial viewing the inspector observed the dirty laundry basket stored on top of the clean laundry basket. This was highlighted to the person in charge and this was changed but towards the end of inspection the inspector did see that both bins were standing side-by-side and in contact with each other again which potentially posed an infection prevention and control risk. It was seen though that throughout the inspection, staff on duty were wearing appropriate face masks given the

ongoing COVID-19 pandemic while hand sanitising products and personal protective equipment (PPE) were available in the centre.

Two of the residents who had earlier left the centre returned for a meal and later on in the afternoon the third resident left the house with a staff member to go for a drive. It was noted that there was a calm and sociable atmosphere when all three residents were present with all three seen to move freely throughout the house. Residents also appeared very relaxed in their home at this time. For example, one resident was observed relaxing on a couch watching television and was later seen sitting out on the patio furniture. Staff members on duty, including management of the centre, were seen to interact positively and warmly with residents throughout the inspection which contributed to the atmosphere encountered by the inspector. However, incident records reviewed did highlight occasions when there could be negative interactions between residents.

To provide residents with information, staff facilitated monthly resident meetings in the centre. Notes of these meetings were reviewed by the inspector which indicated that topics such as complaints, infection prevention and control and activities were discussed. It was noted that each meeting ended with a fun activity which included listening to songs or residents having coffee together. From speaking with staff and reviewing records, activities which residents participated in generally included having coffee and meals out, getting haircuts in the community, visiting friends, going shopping and attending the cinema. The inspector was also informed that a resident would soon be commencing horticulture as they had an interest in gardening.

To support residents to participate in activities or achieve goals which were meaningful to them, a process of person-centred planning was followed in this centre which allowed residents to be involved in the development of their individual personal plans. The inspector reviewed a sample of such plans and noted that goals identified for residents included attending concerts, developing cooking skills and maintaining contact with their families. Records reviewed indicated that residents were supported to achieve such goals. It was also indicated that residents were being facilitated to maintain relationships with their families.

Feedback from residents' family members was outlined in an October 2021 annual review carried out for the centre. This annual review was read by the inspector and it was noted that high levels of satisfaction overall was provided by family members although some issues were raised by some families which were indicated as requiring to be managed through the complaints' process. Residents also gave feedback for this annual review via questionnaires that were completed with the support of staff members. Again high levels of satisfaction were indicated although one resident did highlight that a peer had given out to them.

In summary, a homely setting had been provided for residents to live in and generally positive feedback had been received from residents and their families. Staff members and management present during this inspection were seen and overheard to interact positively and respectfully with residents throughout the inspection. This contributed to a calm and social atmosphere being encountered by

the inspector.

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

While the resident mix in this designated centre did pose some challenges, it was seen that management of the centre were making active efforts to address this and ensure that residents received a good quality of service. Some improvement was identified regarding the documentation of complaints and staff rosters.

This designated centre received its first inspection in July 2021 which found that in general residents were well supported. However, that inspection did highlight that some incidents were occurring in the centre which had the potential to negatively impact residents and their rights while in their home. Since then a number of notifications of safeguarding nature relating to similar incidents were received by HIQA. Given the nature of these incidents and the potential impact on residents it was decided to carry out a further inspection to assess the supports provided to residents in more recent times.

At the outset of the inspection it was highlighted by management of the centre, that there was a concern around the mix of residents living in the centre which was contributing to negative interactions between residents. The nature of these incidents will be discussed in further detail below. It was noted though that the provider was making active efforts to prevent such interactions from occurring. These included increasing the staff support provided in this designated centre since the previous inspection.

The provider had also previously indicated that they would look to change the mix of residents living in this centre by March 2022. This had not happened at the time of this inspection but it was acknowledged that the ability of the provider to do this had been impacted by some factors which were outside of their control. However, the provider was still exploring the potential for a change in the resident mix and on the day of inspection it was observed that a potential future resident visited the centre. The inspector was informed that the visit on the day of inspection had gone well and that this individual had made previous visits also.

Concerns around the negative impacts that the resident mix was having on some resident was being captured in the provider's monitoring systems that were in use. Such systems included regular audits in specific areas such as health and safety, fire safety and medicines. Arrangements were also in place for unannounced visits to the centre by a representative of the provider to be conducted every six months while an annual review had also been completed with input from residents and their

families. When reviewing the completed annual review the inspector did note that reference was made to handling some feedback received from two family members as complaints but when reviewing the centre's complaint log, only one compliant was logged.

The operations of this designated centre were supported by the clear organisational structure that was in place. This included the person in charge who held this role for a total of two designated centre. During this inspection, the person in charge demonstrated a good knowledge of the residents in this centre and appeared to have a strong commitment to improving the lives of the residents. The person in charge's remit was not found to negatively impact the current centre and it was noted that staff members spoken with during this inspection commented positively on the person in charge while also outlining how they kept staff members updated.

The person in charge oversaw the staff team that was provided to support the residents in the centre. Some staff members were spoken with during this inspection who all demonstrated a good understanding of how to support the residents living in this centre and what they would do to reduce the potential for negative interactions to occur. A consistency of staff support was provided for also which is important to promote consistent care and professional relationships. Details of the staffing in place was generally outlined in rosters that were maintained in the centre. However, it was noted by the inspector when reviewing the rosters provided that full details of the staffing arrangements actually in place for the centre at night were not consistently outlined.

Regulation 14: Persons in charge

A suitable person in charge was in place who held the necessary skills, experience and qualifications to fulfill the role. The person in charge was over two centres in total but their remit was not found to be negatively impacting the current centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels had been increased since the previous inspection to support residents with a consistency of staff provided for. While staff rosters were maintained, the staffing arrangements in place at night were not consistently outlined.

Judgment: Substantially compliant

Regulation 23: Governance and management

Key regulatory requirements such as annual reviews and provider unannounced visits were being conducted which were reflected in written reports. Audits in specific areas were also being carried out. A clear organisational structure was in place and it was clear that those involved in the management of the centre were making active efforts to support the residents of this centre. Despite this, actions were identified on this inspection relating to key regulations that impacted residents' needs and safety.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A potential future resident of this centre was being given opportunities to visit the centre in advance of possibly moving into the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on complaints was on display in the centre and was discussed with residents during resident meetings. A log of complaints was maintained but when reviewing this only one complaint was recorded but the most recent annual review suggested that two complaints should have been logged.

Judgment: Substantially compliant

Quality and safety

Taking into account incidents occurring in the designated centre and an assessment of needs carried out for one resident, the resident mix incident was contributing to safeguarding incidents occurring which could also impact residents' full enjoyment of their rights in their home.

As highlighted earlier, a number of safeguarding notifications had been received for this centre since the previous HIQA inspection in July 2021. Most of these notifications involved some residents being psychologically impacted by the

behaviours of one resident. The inspector was informed that this resident's behaviour could be caused by some of the other residents living in the centre. It was also indicated that while there were times when residents had nice moments and interactions with each other, there were other times when the centre would be calmer when only three residents were present as opposed to all four.

It was found on this inspection that the provider and staff working in the centre were taking active measures to prevent residents being negatively impacted by incidents occurring in this centre. This included guidance being provided for staff on how to support residents to engage in positive behaviour and safeguarding plans being put in place. Staff members spoken with demonstrated a good knowledge of both. However, it was also noted that there were times when some residents would have to be removed from one room of the centre due to behaviours of one resident. This negatively impacted these residents' rights in their home although the inspector was informed that if a resident wanted to stay in a particular room, a staff member would stay with them.

In light of the findings of the July 2021 inspection and incidents that had taken place in the following months, a comprehensive assessment of need had been completed for one resident. This indicated that the current designated centre were not fully supporting the needs of that resident and that they required a different living environment. While the provider had sought to provide this different environment, which would result in a change to the resident mix, it had not happened at the time of this inspection. It was found though that the provider was still exploring the potential for this to happen and was providing regular multidisciplinary input into the current circumstances of the centre while residents were found to be well supported in other areas.

These areas included measures to reduce the potential of residents contracting COVID-19. Records provided indicated that regular cleaning was carried out in the centre and appropriate PPE was used by staff during the inspection. Stocks checks of PPE were carried out regularly while a relevant self-assessment on infection prevention and control had been recently conducted. Staff were also provided with training in this area as well as fire safety. It was seen that the designated centre was equipped with appropriate safety systems which included a fire alarm, emergency lighting, fire extinguishers and fire doors. Records provided indicated that such systems were subject to regular maintenance checks and also that fire drills were carried out often with low evacuation times recorded.

Regulation 13: General welfare and development

Residents were supported to engage in community based activities such as visits to the cinema, shopping and meals out. Two vehicles were available to the centre to facilitate activities. Maintaining relationships with residents' families was also promoted.

Judgment: Compliant

Regulation 17: Premises

The premises provided was observed to be clean, well-maintained, well-furnished and homely on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Relevant risk assessments were in place relating to individual residents and the centre overall. Such risk assessments were noted to have been recently reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were provided with training in infection prevention and control. Appropriate PPE was used by staff during the inspection. Stocks checks of PPE were carried out regularly. Records provided indicated that regular cleaning was carried out in the centre and a relevant self-assessment on infection prevention and control had been recently conducted. It was observed though that the locations of laundry baskets for clean and dirty laundry required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The designated centre was equipped with appropriate safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Such systems were subject to maintenance checks. Fire drills were carried out regularly with low evacuation times recorded while relevant training was provided to staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Based on an assessment of need carried out, appropriate arrangements were not in place to meet the assessed needs of one resident which was contributing to safeguarding incidents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Guidance was available on how to support residents to engage in positive behaviour and staff spoken with demonstrated a good knowledge of this.

Judgment: Compliant

Regulation 8: Protection

Since the previous inspection there had been a high volume of safeguarding notifications received for this centre. These incidents had a impact on residents, potentially resulting in residents not feeling safe.

Judgment: Not compliant

Regulation 9: Residents' rights

Staff members and management were observed and overheard to interact respectfully and appropriately with residents during this inspection. Residents were given information with through monthly resident meetings. There were occasions where some residents had been asked to leave a room which did not promote their choice or control in their home although it was indicated that where any resident refused such a request, a staff member would stay with them in the room.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
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	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group S OSV-0007925

Inspection ID: MON-0031851

Date of inspection: 29/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC and Night Managers will ensure that the night staff rostered on duty each week will be documented on the roster sheet for Group S and a copy kept on file on the premises. This was actioned immediately after inspection.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider</p> <p>The registered Providers Admission Discharge and Transfers team with the PIC and PPIM HSE and multi-disciplinary team are working through plans with the resident to transfer the resident to more suitable accommodation to meet the assessed needs of the resident.</p> <p>A transfer within the providers registered centers is being examined for this resident and also application to Limerick City and County Council for housing in the community to meet the residents assessed needs is in place. The Provider has employed a Housing Officer for the service who is working with the service manager and PPIM and PIC regarding this accommodation needs of the resident.</p> <p>The Service manager and PIC will continue to roster the additional resources in place for the designate center to support the individualized programme at day services for one</p>	

individual, whilst core staffing remains in place to support all residents in the center.

Continued multi-disciplinary team meetings remain in place for residents of the designate center, and all MDT members continue to be available to the centre outside of scheduled meetings/ reviews whenever the need arises.

Any incidents of safeguarding concern continue to be addressed and reported to the HSE safeguarding teams and to HIQA. Safeguarding plans are in place for all individuals and reviewed as scheduled. All risk assessments regarding safeguarding are reviewed following any incidents or interactions or concern.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC and PPIM reviewed post inspection the annual report. A second complaint following review has been logged in complaints log. At time of occurrence this was viewed by staff as a statement and not a complaint and was addressed with the individual who raised same at the time. This is now recorded as a complaint and actions taken documented.</p> <p>The PIC has scheduled to meet all staff to discuss and reiterate the complaints process and supporting staff teams to recognize complaints.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC have reviewed the location of the laundry baskets and have ensured that the laundry baskets are now stored separately. All staff and residents have been advised of same.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The registered Providers Admission Discharge and Transfers team with the PIC and PPIM HSE and multi-disciplinary team are working through plans with the resident to transfer the resident to more suitable accommodation to meet the assessed needs of the resident.</p> <p>A transfer within the providers registered centers is being examined for this resident and also application to Limerick City and County Council for housing in the community to meet the residents assessed needs is in place. The Provider has employed a Housing Officer for the service who is working with the service manager and PPIM and PIC regarding this accommodation needs of the resident.</p> <p>The Service manager and PIC will continue to roster the additional resources in place for the designate center to support the individualized programme at day services for one individual, whilst core staffing remains in place to support all residents in the center.</p> <p>Continued multi-disciplinary team meetings remain in place for residents of the designate center, and all MDT members continue to be available to the centre outside of scheduled meetings/ reviews whenever the need arises.</p> <p>Any incidents of safeguarding concern continue to be addressed and reported to the HSE safeguarding teams and to HIQA. Safeguarding plans are in place for all individuals and reviewed as scheduled. All risk assessments regarding safeguarding are reviewed following any incidents or interactions or concern.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered Providers Admission Discharge and Transfers team with the PIC and PPIM HSE and multi-disciplinary team are working through plans with the resident to transfer the resident to more suitable accommodation to meet the assessed needs of the resident.</p> <p>A transfer within the providers registered centers is being examined for this resident and also application to Limerick City and County Council for housing in the community to meet the residents assessed needs is in place. The Provider has employed a Housing Officer for the service who is working with the service manager and PPIM and PIC regarding this accommodation needs of the resident.</p> <p>The Service manager and PIC will continue to roster the additional resources in place for the designate center to support the individualized programme at day services for one individual, whilst core staffing remains in place to support all residents in the center.</p>	

Continued multi-disciplinary team meetings remain in place for residents of the designate center, and all MDT members continue to be available to the centre outside of scheduled meetings/ reviews whenever the need arises.

Any incidents of safeguarding concern continue to be addressed and reported to the HSE safeguarding teams and to HIQA. Safeguarding plans are in place for all individuals and reviewed as scheduled. All risk assessments regarding safeguarding are reviewed following any incidents or interactions or concern.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All occasions where residents are requested to leave a room due to specific needs of another resident are documented as restrictive practices in nature. All such incidents are reported by the PIC and staff team and follow the safeguarding process and reporting to HSE and HIQA.

The registered Providers Admission Discharge and Transfers team with the PIC and PPIM HSE and multi-disciplinary team are working through plans with the resident to transfer the resident to more suitable accommodation to meet the assessed needs of the resident.

A transfer within the providers registered centers is being examined for this resident and also application to Limerick City and County Council for housing in the community to meet the residents assessed needs is in place. The Provider has employed a Housing Officer for the service who is working with the service manager and PPIM and PIC regarding this accommodation needs of the resident.

The Service manager and PIC will continue to roster the additional resources in place for the designate center to support the individualized programme at day services for one individual, whilst core staffing remains in place to support all residents in the center.

Continued multi-disciplinary team meetings remain in place for residents of the designate center, and all MDT members continue to be available to the centre outside of scheduled meetings/ reviews whenever the need arises.

Any incidents of safeguarding concern continue to be addressed and reported to the HSE safeguarding teams and to HIQA. Safeguarding plans are in place for all individuals and reviewed as scheduled. All risk assessments regarding safeguarding are reviewed following any incidents or interactions or concern.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	30/04/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	24/05/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/11/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/11/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/11/2022

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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