



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

Issued by the Chief Inspector

Name of designated centre:	Oaklands House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	27 March 2023
Centre ID:	OSV-0008350
Fieldwork ID:	MON-0038253

About the designated centre

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

Oaklands house provides a residential service for male and female children under the age of 18 years with the exception of a young person completing their final year of secondary education. Oaklands house is located in the countryside and in close driving distance to several local towns and villages. The centre can cater for up to four residents each with their own bedroom, one with an en-suite facility and the rest are shared bathroom facilities. In addition, the centre has two living room areas and has a large garden. Residents are supported by a team of social care leaders, social care workers and direct support workers who are led by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Monday 27 March 2023	09:30hrs to 18:30hrs	Karena Butler	Lead
Monday 27 March 2023	09:30hrs to 18:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

Overall, residents were receiving a service that met their needs. Improvements were required in relation to training and staff development, food and nutrition, records, governance and management, and protection against infection. These areas are discussed further in the next sections of the report.

The inspectors had the opportunity to meet two residents that lived in the centre when they had returned from school. They were observed to appear comfortable in their home and in the presence of staff members. They relaxed for the evening either watching television or in their rooms. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times of the inspection in their home. One inspector had the opportunity to meet the third resident briefly. They chose to say hello to the inspector and then communicated that they wanted their own space which was respected.

In addition to the person in charge, there were three staff members on duty during the day of the inspection. Staff members were observed to engage warmly with residents. Staff members appeared familiar with residents' communication methods and were observed to respond accordingly.

From a walkabout of the premises, the house appeared clean and tidy. There was adequate space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, such as televisions, art supplies, jigsaws, and sensory items. Personal pictures and colourful artwork were displayed in different areas of the house. One sitting room, used by one resident, was decorated with their preferred items and areas of interest, for example, pictures of cars and flags. There was a wrap around garden and in the back garden there was a basketball net, a trampoline and a swing set.

Each resident had their own bedroom and there was sufficient storage facilities for their personal belongings. Each room was personally decorated to suit the personal preferences and needs of each resident. For example, one resident had sensory lights in their room.

The provider had recently sought resident and family views on the service provided to them by way of questionnaires. Resident questionnaires were completed on their behalf by staff members. For the most part, staff recorded that, residents were receiving a good service. However, one questionnaire commented that the resident could not always attend school due to the lack of staff to drive the centres vehicle and that this could unsettle the resident in their daily routine. Another commented that they would like staff to use more visual aids to support better understanding. The person in charge communicated to the inspectors that feedback provided was going to be discussed at the next team meeting and actions agreed. A family stated that it was a great service and their family member was was happy. They went on

to say that staff were very helpful and that communication was good.

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

Capacity and capability

This centre was registered in October 2022 and the purpose of this inspection was to assess how the service was operating in compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) since their registration.

Overall, the inspectors found that there were structure and systems in place which aimed to promote a person-centred service for residents. However, as previously stated, improvements were required in training and staff development, records and governance and management.

There was a defined management structure which included the person in charge and the managing director, who was the person participating in management for the centre. The person in charge was a social care professional, who provided good support to their team.

The provider had completed an unannounced visit to the centre in March 2023 as per the regulations. There were other local audits and reviews conducted in areas such as infection prevention and control (IPC), restrictions, and health and safety.

An inspector found that for the most part the provider had ensured that staffing levels were in accordance with residents assessed needs. However, there were occasions where the staffing levels had fallen below what the provider had assessed to be the minimum levels to provide a safe service to residents. Additionally, there was not always a staff driver on duty that could facilitate school transport. Therefore, the inspectors were not assured that the provider's workforce contingency plans were always effective.

A sample of staff personnel files were reviewed and they contained the necessary information as required to ensure safe recruitment practices. However, some improvements were required with regard to the verification of some information retained. This is being actioned under Regulation 21: records.

There were supervision and probation meeting arrangements in place for staff as per the organisation's policy. However, improvements were required to ensure they occurred within allocated time frames.

The provider had ensured that staff had access to necessary training and

development opportunities. For example, staff had training in fire safety and children first. However, some staff had yet to receive training or refresher training in certain areas either considered necessary by public health or in order to support residents. For example, with regard to standard and transmission based infection control precautions.

From reviewing documents in the centre, the inspectors observed that improvements were required to the accuracy of records and the recording of information within the centre. For example, with regards to staff duty rosters.

An inspector reviewed three recent admission transition plans and there was evidence of the residents or their representatives being supported to visit the centre prior to their admissions. Each resident had a contract of care which was signed by their representative and described the services available to the resident and if any fees would apply.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full-time role and split their time evenly across the two designated centres that they managed. They were a social care professional and a staff member spoken with stated that, the person in charge was very approachable and provided good support to their team.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there were sufficient staff to meet the needs of the residents. However, the centre had a high reliance on agency staffing, albeit consistent agency staff, in order to support the latest admission to the centre. The inspectors were assured that the provider had commenced the recruitment of permanent staff to fill these vacancies and many staff were in pre-employment checks and some with start dates in the coming weeks.

While there was an planned and actual roster in place, these were not maintained appropriately and were not always an accurate representation of what actually occurred. This is being actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a suite of training and development opportunities. For example, staff had training in fire safety and eating, drinking and swallowing.

However, some staff training was due in the following areas:

- some staff were due training in the management of behaviours of concern including de-escalation and intervention techniques
- one staff had not received training in transmission-based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation, as per public health guidance
- one staff was due to complete food hygiene training which was deemed mandatory by the provider
- while staff were trained in how to complete a particular healthcare task they had not completed training in aseptic techniques specifically in the area of aseptic non touch technique in order to ensure the task was performed appropriately
- two staff were due a refresher in hand hygiene training
- one staff was due refresher training in PPE.

There were probation and supervision arrangements in place for staff as per the organisation's policy. However, one staff member did not have their probation meeting within the prescribed time-frame.

Judgment: Substantially compliant

Regulation 21: Records

Improvements were required with regard to the information governance arrangements and records were not appropriately maintained. For example, while there were actual and planned rosters available for review, they were not accurately maintained. An inspector reviewed several different versions of the same rostered dates and each time they provided different information. In addition, one staff member had a reference on file, however, neither an inspector or the assistant director could ascertain where this fit into the staff members employment history.

Additionally, the list with the location of firefighting equipment was inaccurate. It stated that two fire extinguishers were located in the kitchen when they were actually located in the utility room.

Furthermore, the inspectors had to repeatedly check if some files provided for review were the most up to date version as some of information provided was out of date. Towards the latter half of the inspection an inspector received the most up-to-date information in relation to personal plans and goals for residents. Some

conflicting information was still observed in some files, for example one plan reviewed stated that a resident liked diluted orange and another plan stated that they did not appear to like diluted orange.

Judgment: Not compliant

Regulation 23: Governance and management

There was a defined management structure in place which included, the person in charge and the managing director for the organisation, who was the person participating in management for the centre.

The provider had carried out an unannounced visit to the centre in line with the regulations. There were other local audits and reviews conducted in areas such as finance, medication management, and health and safety. In addition, the assistant director carried out monthly governance audits of the centre. Some of the issues identified on this inspection were already identified by the assistant director.

However, there were a couple of occasions, from the evidence reviewed the staffing levels fell below what the provider had assessed to be the minimum levels to meet the assessed needs of the residents at night time. In addition, there were some occasions whereby, some residents could not attend school due to the absence of a staff driver to transport them. Therefore, the inspectors were not assured that the provider's workforce contingency plans were always effective.

In addition, some team meetings were observed to have identical minutes recorded for the majority of discussion points reviewed. This did not assure an inspector as to the value the meetings would have for the staff team and for their continued learning and development.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

An inspector reviewed the three recent admission transition plans. Two residents had the opportunity along with a representative to visit the house before their admissions. In the case of the other resident, their family representative had the opportunity to visit the house before their family member's admission.

Each resident had a contract of care that was signed by their representative. The contracts laid out if there were any fees to be charged and what services and facilities a resident could receive.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support which was individualised and focused on their needs. However, as previously stated improvements were required with regards to food and nutrition and protection against infection.

The provider had ensured that assessments of residents' health and social care needs had been completed and further referrals to particular healthcare professionals were made as appropriate. There were personal plans in place for any identified need. From speaking with some staff members and from observations, care and support was provided in line with residents' care needs.

Where necessary, residents had access to specialist support to help them with behaviours that may put them or others at risk. An inspector reviewed the safeguarding arrangements in place and found that the provider has appropriate safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in safeguarding.

There was evidence to suggest that the centre was being operated in a manner that promoted the rights of residents. For example, from documentation review the inspectors observed that staff members were advocating on behalf of the residents. In addition, there were weekly residents' meetings.

An inspector observed that while many foods were being home cooked and prepared in a manner suitable to a particular resident's assessed needs, food was not always being prepared or served in an appealing manner. For example, cooked dinners were being pureed which meant, none of the food types were distinguishable from one another.

The inspectors reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was colour-coded cleaning equipment used in the centre in order to minimise cross contamination. However, some improvements were required with regard to hand hygiene facilities, staff members' adherence to wearing masks in line with best practice, guidance provided to staff, storage of items used to support residents, cleaning checklists and there were gaps in recording of monitoring for signs of infectious illness for both staff and residents.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPs) in place which outlined how to support residents to safely

evacuate in the event of a fire.

Regulation 17: Premises

The premises was homely and found to be clean. It provided sufficient space for residents both indoors and outdoors with appropriate play facilities. In addition, each resident's own space was decorated to suit their needs and preferences with sufficient storage for their belongings.

Judgment: Compliant

Regulation 18: Food and nutrition

While many foods were being home cooked and prepared in a manner suitable to a particular resident's assessed needs, it was not being prepared or served in an appetising manner. For example, cooked dinners were being pureed which meant that none of the components were distinguishable from one another. In addition, one of the dinners was observed to be frozen with no identifiable label as to what staff would be serving to the resident in order to communicate it to them.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, colour-coded cleaning equipment used in the centre in order to minimise cross contamination and daily cleaning schedules were in place.

Improvements required to ensure compliance with this regulation included:

- there was no hand hygiene sink available in the main bathroom as it had been removed to facilitate room for a shower trolley
- there were no arrangements to facility hand drying in the only hand washing area of the main house which was located in an en-suite of a vacant resident bedroom
- the teats used for a food supplement for a resident were stored in a damp container and the container was observed to have slight residue in it
- there were gaps in the recording of staff and residents' symptom observations
- gaps were observed in the recording of cleaning tasks

- the cleaning checklist did not include the utility room or the periodic cleaning of the washing machine
- staff were observed at different times during the day to wear their face masks under their noses which nullified the effectiveness of the mask
- the contingency plan contained information in relation to separate bathroom and sitting room areas available if required which did not apply in this centre. In addition, the plan did not fully guide staff to all applicable information, for example, whether clean or dirty rooms and particular entry and exit points would be used.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place for suitable fire safety management. For example the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date PEEPs in place, which outlined how to support residents to safely evacuate the centre in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and further referrals to particular healthcare professionals were made as appropriate. There were personal plans in place for all identified needs.

However, in addition to the most up-to-date plans and information provided for review to the inspectors, it was observed that there were additional personal plans and information that was found to be out of date still contained in residents' folders. This could lead to confusion as to the care needs of residents and how staff should best support them. This was identified on the providers own audit and is being actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed and comprehensive care plans were in

place. From speaking with a staff member, an inspector was assured that the staff member was familiar with the care and support needs of the residents. In addition, appropriate healthcare was made available to each resident, for example, general practitioner (G.P) services and chiropody.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. There were behaviour support plans in place completed by an appropriate person as required and they contained proactive and reactive strategies to help guide staff.

There were a number of risk management assessments in place with regard to applicable areas, for example, self injuries behaviour and property destruction.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse, for example, staff were appropriate training in safeguarding. Where potential safeguarding risks were identified they were appropriately reported and there were safeguarding plans put in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' views were observed to be considered in decision making processes, for example, in daily activity choices. One resident had periodic access with an advocate to see if the resident was getting all the necessary interventions and services they required. In addition, a referral was made for another resident to have access to an independent advocate. From some documentation reviewed, staff members appeared to be advocating on behalf of the residents they supported.

The service had sought the feedback on the service provided by way of families surveys and also resident surveys by way of staff support. While there were some occasions whereby the lack of staff drivers impacted on some residents attending

school, this is being actioned under Regulation 23: governance and management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not 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 Oaklands House OSV-0008350

Inspection ID: MON-0038253

Date of inspection: 27/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> - The PIC completed the staff probation and same is now available and on file - There is a supervision schedule in place for the PIC and staff to follow to ensure all probations and supervisions are completed within set timeframes. - Monthly governance takes place within the Centre between the PIC and Assistant Director (AD) , the schedule and progress of probations and supervisions will be monitored monthly. - All staff due have completed refresher courses such as hand hygiene, PPE and food hygiene. - An up to date training matrix is in place within the Centre - Regular audits are completed by the PIC to ensure that training is up to date and staff complete or attend all scheduled trainings. 	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • An updated CV has been obtained from the staff member and submitted to the HR department to reflect references. • Rosters – there is three weeks planned and actual rosters on file outlining all staff scheduled to work , rosters are amended by the PIC to reflect changes. • Changes have been made to the fire book outlining that fire extinguishers are now stored in the utility room. • Each resident is allocated keyworkers within the Centre, all PCP’s and goals have been reviewed by the PIC and team to reflect up to date information for residents. • The PIC will complete monthly audits to ensure all documentation is kept up to date reflecting changes needs and wants of residents within the centre. • Monthly governance meetings take place between the assistant director and PIC within the Centre 	

- Unannounced six monthly provider led audits are completed within the centre.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Staffing levels are in line with the SOP within the centre
- The PIC will ensure that sufficient drivers are available for residents to access school and the community
- Daily allocations are in place outlining what staff are supporting residents daily
- Contingency plans have been updated to ensure that the relief panel and staffing from other services are utilised to ensure sufficient staffing levels and drivers are scheduled within the centre.
- Monthly staff meetings are facilitated by the within the centre, all minutes will be reviewed in monthly governance between the PIC and assistant director
- Staff meeting schedule in place within the centre.
- Monthly audits are completed within the centre.
- Monthly governance takes place within the centre between the PIC and AD
- Unannounced six monthly provider lead inspections take place within the centre.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- All food is now labelled regarding what foods are prepared and what the food is.
- Guidance is in place for staff to follow to ensure all foods are separated and labelling to ensure that foods can be distinguished from one another.
- Monthly staff meetings are facilitated by the PIC within the centre to communicate guidance to all staff ensuring foods are prepared and served in an appetizing manner.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Hand drying arrangements are in place in the ensuite bedroom.
- Hand hygiene sink to be placed back in place within the main bathroom, there is hand drying arrangements in place within the main bathroom.
- Daily checklists and cleaning schedules have been amended within the centre to ensure that teats and storage of same are kept in a dry storage box and teats are checked daily.
- The utility room and washing machine cleaning has been added to daily checklists.
- A team lead checklist is in place to ensure checks on documentation is completed and that there are no gaps in documentation such as cleaning, recording of residents and staff symptoms.
- There is regular monitoring and observations being completed by the PIC regarding documentation and wearing of PPE within the centre to ensure that staff receive direct feedback and all guidance is been followed.
- Monthly staff meetings to take place between the PIC and team members to discuss

wearing of PPE within the centre.

- Contingency plans and individual risk assessments for residents have been updated to reflect changes within the centre regarding isolation in the case of suspected or conformed COVID cases. Clean and dirty areas are outlined on plans.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/05/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/05/2023
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/04/2023
Regulation 21(1)(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	01/05/2023

	records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/05/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	01/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/05/2023
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	20/05/2023

	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.			
--	---	--	--	--