Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lakeside Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	26 October 2021
Centre ID:	OSV-0001757
Fieldwork ID:	MON-0030337

About the designated centre

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

Lakeside Residential Services is a service which is run by Western Care Association. The centre comprises two bungalow dwellings which are located on the outskirts of a town in Co. Mayo. The centre provides residential and respite care for up to seven male and female residents, over the age of 18 years who present with physical and intellectual disabilities. Both houses are comfortably furnished and provide residents with their own bedroom, shared communal areas and external garden spaces. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 October 2021	12:15 pm to 7:07 pm	Stevan Orme	Lead
Tuesday 26 October 2021	12:15 pm to 7:07 pm	Aonghus Hourihane	Support

What residents told us and what inspectors observed

During the course of the inspection, inspectors found that care and support provided to residents who lived at Lakeside residential services was to a good standard and reflected their assessed needs. Residents were unable to tell inspectors about what it was like to live at the centre, however throughout the day they appeared relaxed and comfortable with all supports provided to them by the staff on duty.

Inspectors had the opportunity to meet with all seven residents who lived at Lakeside residential services and visit the two buildings which make up the centre.

During the course of the inspection, inspectors had the opportunity to visit the smaller of the centre's premises which supported two residents. Inspectors observed that the building was in a good state of repair and reflected both the personal tastes and assessed needs of the residents.

The larger of the two premises was home to five residents and was of single-storey building. Residents had their own bedrooms which were equipped and decorated in line with their assessed needs and personal interests. Residents' bedrooms were decorated to a good standard and residents were supported to display family photographs, ornaments, and their own art work. Residents also had access to communal areas such as two lounges and a large open plan kitchen and dining room as well as two bathrooms, one which incorporated a shower room and the other a bath. Both bathrooms had overhead hoists installed to assist residents if required.

Due to personal choice and the mid-term break from day services, all residents were at home on the day of inspection. Throughout the day, inspectors observed residents either participating in activities or relaxing in the house's smaller lounge or the kitchen dining room area, which staff said they preferred and referred to as 'the hub of the house'.

However, although residents' bedrooms were personalised and in a state of good repair, this was not the case throughout the rest of the centre. Inspectors observed that parts of the centre were not in a good state of repair and decoration. For example, damage to paintwork on doors and windowsills was noted as well as rust on a toilet hand rail, flaking ceiling paint, peeling veneer on kitchen cupboard units and external damage to the centre's front door.

As stated, due to the day services' mid-term break, all residents were at home for the day. In addition, staff told inspectors that several residents had chosen not to attend day services either prior to the COVID-19 pandemic, or following the phased commencement of day services since April 2021. Where residents had chosen to stay at home, staff described the bespoke programme they had at the centre facilitated by themselves or through day service staff coming to the centre. Staff spoke about a range of activities such as gardening, recycling going on drives to

local place of interest such as Ashford Castle and Cong, which one resident was supported with as part of their bespoke activity programme. The resident also had access to their own vehicle which allowed them to enjoy frequent car journeys without it impacting on the availability of a vehicle to others at the centre.

Also during the course of the day, inspectors observed residents enjoying a range of activities with staff support such as completing jigsaw puzzles and playing board games. Inspectors also observed one resident being supported by staff to make their own sandwich , with support being provided in a manner which was sensitive to the resident's abilities an d needs. Staff also showed inspectors a do-it-yourself (DIY) project that one of the residents was doing, which involved painting garden furniture. However, activity records reviewed by inspectors did not reflect whether residents had opportunities to participate in activities which reflected their interests and personal goals, with limited activities being recorded such as bus trips.

At the time of the inspection, maintenance works were also being undertaken in the centre's loft space relating to fire safety precautions, which was of interest to one of the residents, who spent the day closely watching the activities of the contractors. However, the potential risks associated with contractors being in the building at the same time as residents had not been fully assessed with risk assessments only relating to risks relating to the transmission of COVID-19.

Staff also told inspectors about how they supported residents to maintain contact with their families. The centre had no restrictions on visiting at the time of the inspection, although visits were informed by an up-to-date protocol which reflected current public health guidance. Where families were unable to visit their relatives, regular contact was still maintained through the use of phone and video calls with some residents having their own personal computer tablets. Staff also spoke about how one resident had also been recently supported by staff to attend a family wedding.

Residents were unable to tell the inspectors about what life was like at the centre, however staff were knowledgeable about their preferred methods of communication and were observed responding in a timely manner to residents' needs. Throughout the day, staff supported residents in a dignified manner and were respectful of their needs.

Several residents due to their identified needs were supported with modified diets. Inspectors observed residents being supported to enjoy meals around the dining room table and at a pace dictated by them and in line with their dietary support plans. Meals provided to residents on the day appeared to be both nutritious and appealing in nature, with residents in the larger house enjoying sausage casserole, which staff said was a firm favourite with the residents.

In summary, inspectors observed that residents were treated with dignity and respect by staff throughout the day and supports provided were reflective of their assessed needs. Residents appeared both comfortable and relaxed at the centre. However, improvements were required in the day-to-day oversight of the centre especially in relation to the condition of the centre, risk management and the

appropriate completion of documentation.

Capacity and capability

Inspectors found that the provider had systems in place to oversee the management and governance of the service. However it was clear that some of these systems needed to be both refined and reviewed so that the provider could be assured that the service provided to the residents was of a good quality.

There was a full-time person in charge who had the necessary qualifications to carry out the role. He was supported by a deputy manager as he was also the person in charge in a different centre. The management arrangements within the centre were in line with the statement of purpose.

Inspectors found that the staffing levels and mix were in line with the assessed needs of the residents and that management had appropriately responded to a new resident who was in the process of joining the service by increasing staffing levels at night-time.

Inspectors reviewed the training folder for the staff team. Overall it was noted that the majority of mandatory training was in date and that the provider offered specific training to staff to reflect the needs of the residents in areas such as epilepsy and feeding, eating, diet and swallowing needs (FEDS). It was noted the provider had a good system in place to ensure the training needs of staff were up-to-date and that any gaps could be responded to in a timely manner. Staff knowledge on residents' needs was also kept up-to-date through their attendance at regular team meetings where residents' needs were discussed to ensure a consistency of approach. Furthermore, staff had regular one-to-one supervision meeting with their manager where they could seek further clarity how to support residents' needs if required.

The provider had completed an annual review and further to this they were carrying out six monthly audits both of which are required under regulation. In addition, the person in charge had a range of audits which they completed along with the designated staff in relation to practices at the centre. Improvement was required in this area as they had not identified gaps in practice and risks identified during the course of the inspection. These will be discussed further under the 'Quality and Safety' section of the inspection report.

Inspectors also observed that management audits had not identified the need for improvements in record keeping at the centre. Documents reviewed did not fully evidence the care and support provided to residents in areas such as daily activities and in addition dates were absent in documentation such as risk assessments, which therefore did not provide assurances that they were subject to regular review to ensure their effectiveness.

The provider had a complaints process in place which was prominently displayed in

the centre. Although the provider did actively manage received complaints, they did not ensure that the centre's complaints log was updated and clearly record whether or not a compliant had been resolved and closed. In addition, records maintained at the centre did not record whether the complainant was satisfied or not with the complaints outcome.

Regulation 15: Staffing

Residents were supported by an appropriate number of skilled staff in line with their assessed needs. Staffing levels were subject to review and since the last inspection night-time cover had been increased to a sleep over and waking night arrangements each night due to the changing needs of residents living at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were knowledgeable about residents' needs and had access to up-to-date training which reflected both residents' needs and the provider's mandatory training requirements. In addition, staff had access to regular supervision to ensure consistent and good practices in meeting residents' needs which was provided by either the person in charge or the assistant manager.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance and management structure in place in the centre, and staff spoke with were clear about their individual role and responsibilities. However, improvement was required in the auditing and oversight arrangements for the centre as they did not ensure all risks present at the centre were identified and suitably addressed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints procedure was in place and was prominently displayed with

information on the centre's complaints officer if required. However, reviewed complaints records did not clearly show how complaints had been resolved and whether or not this to the satisfaction of the complainant.

Judgment: Substantially compliant

Quality and safety

Inspectors found overall that the quality and safety of care offered to residents was of a good standard and in accordance with their assessed needs. However, inspectors found that the governance and management monitoring systems at the centre required improvement.

Inspectors viewed a sample of residents' personal plans and needs assessments. Although personal plans were up-to-date and clearly guided staff on residents' support needs, inspectors found that personal plans were not available in an accessible format for either the resident or their representatives if required. In addition, although annual reviews had been completed for those resident plans reviewed, even taking into account the impact of COVID-19, one resident's review meeting had not occurred for 22 months prior to it being facilitated through a phone meeting in April 2021. In addition, where annual reviews had occurred they did not look at all aspects of care and support provided to the resident, and did not assess all supports provided or take a holistic view of the effectiveness of the personal plan in meeting a resident needs.

Inspectors reviewed daily log files in regards to activities residents were supported to participate in. Although staff spoke about the activities residents enjoyed and whether or not they attended local day services, this was not appropriately reflected in records maintained, and it was therefore challenging to ascertain if residents were given appropriate opportunities to access activities in line with their needs and goals.

Residents' health care needs were assessed and care plans were developed in response and subject to regular review to ensure they were up-to-date and effective. Each resident had access to health and social care professionals in line with their assessed needs as and when required. Staff were knowledgeable on residents' health needs and health plans provided clear guidance on supports needed.

The provider's safeguarding policies ensured that residents were protected from harm. In addition, staff had completed related training and those spoken with were knowledgeable about their role and responsibilities should there be an allegation or suspicion of abuse at the centre.

Due to residents' assessed behaviours of concern, restrictive practices had been put in place at the centre such as restrictions on access to a fridge at night. All

restrictive practices in use at the centre had been reported to the Chief Inspector and were also subject to regular review to ensure they were both proportionate and necessary. As described, one practice involved the locking of a fridge at night along with kitchen cabinets, although this was subject to regular review, the provider had not reviewed this practice in regards to its impact on the rights of other residents.

Inspectors also identified the need for improvement in the risk management arrangements at the centre. The person in charge had not ensured that the centre's risk register was reviewed in line with the provider's own policy. Also possible risks observed during the course of the inspection had not been identified and assessed. For example, on the day of inspection there were building contractors on-site and there was no risk assessment available relating to how to ensure both residents, staff and contractors were safe while the work was being undertaken. Furthermore, inspectors observed that the centre's oil boiler room contained a variety of flammable products and this had not been identified as a risk and subsequently assessed.

Inspectors also found that arrangements for infection control required improvement at the centre. In one house, there were issues with general maintenance such as damage to kitchen cabinets, a rusty hand rail in the bathroom and paint flaking in a number of areas which impacted on the effectiveness of cleaning schedules in place at the centre and therefore a risk of infection. Although the centre had cleaning schedules in place, inspectors also observed dust and cobwebs in some parts of the centre and one mop bucket was rusty and several others were left containing dirty water in the mop storage area and a communal bathroom.

The provider had appropriate fire equipment in place at the centre which was subject to regular checks by staff and an external contractor. In addition, staff facilitated regular fire drills with residents and each resident had their own personal emergency evacuation plan (PEEPs) which was under regular review to ensure its effectiveness. Inspectors also noted that since the centre's last inspection, additional outside emergency lighting had been installed to ensure the route to the assembly point was appropriately illuminated. However, inspectors observed a gap between two of the fire doors in one of the centre's premises which may compromise their ability to effectively contain an outbreak of fire at the centre.

Regulation 13: General welfare and development

Although staff spoke about activities accessed by residents which included visits to local places of interest, records reviewed did not illustrate that residents had opportunities to participate in activities which reflected their personal interests and goals.

Judgment: Substantially compliant

Regulation 17: Premises

The state of repair and decoration was not to a good standard in the larger of the centre's two premises. Inspectors observed damage to the following areas.

- Damage to paintwork on doors, windowsills and ceilings

- Damage to veneer finishes on kitchen cupboard units

- Damage to the exterior of the centre's front door

- Dust and cobwebs observed bathroom light fittings, damp extractors and overhead hoists

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to enjoy nutritious and well-balanced meals which reflected their personal preferences. Where residents required dietary support this was given in line with multi-disciplinary guidance and subject to regular review to ensure it met residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Although arrangements were in place at the centre for the management of risk, they required further improvement as not all risks at the centre had been identified and appropriately assessed to ensure they did not pose a threat to resident safety. For example, risk assessments had not been not been completed in relation to observed risks associated with infection control, visiting maintenance contractors and storage arrangements in the centre's heating boiler room.

In addition, risk assessments were not consistently dated to evidence they were subject to regular reviews regarding their effectiveness and the service risk register had not been reviewed quarterly as required under the provider's risk management policy.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control and prevention measures were in place at the centre, with staff using and having access to appropriate personal protective equipment (PPE). Staff had also received up-to-date infection control training and information was displayed throughout the centre on signs and symptoms of COVID-19 and effective hand hygiene techniques. However, cleaning schedules did not ensure that all parts of the centre were kept to a good level of cleanliness and damage to parts of the centre had not been addressed although those presented as a potential infection risk such as damage to kitchen cupboards. In addition, mop buckets were not appropriately stored or kept in good condition.

In addition, although the centre had a detailed and comprehensive COVID-19 response plan, this was not dated and was not clearly evidenced that it was kept under review to ensure its effectiveness.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was appropriate fire safety systems and staff had received up-to-date fire prevention and management training. Following the last inspection of the centre, the provider had installed additional external emergency lighting; however, the effectiveness of fire containment measures at the centre required review to ensure their effectiveness.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were up-to-date and reflected both staff knowledge and observed practices. However, although subject to an annual reviews, records showed that not all aspects of care provided to residents were reviewed to ensure their effectiveness. In addition, although reviews had been facilitated through the use of telephone meetings due to the impact of COVID-19, one resident's personal plan review meeting showed a gap of 22 months from the previous review meeting.

Additionally the person in charge had not ensured that residents or their representative had an accessible version of their personal plan to inform them about how their needs would be meet by staff at the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to health care professionals in line with their needs and as and when required. In addition, comprehensive health care plans were available which clearly guided staff and promoted a consistency of approach in areas such as epilepsy management and dietary needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received up-to-date positive behaviour management training which reflected the needs of residents. Where restrictive practices had been implemented to support residents' needs, they were subject to regular review which ensured they were least restrictive and most appropriate to residents' needs.

Judgment: Compliant

Regulation 8: Protection

At the time of the inspection, there were no safeguarding concerns at the centre. However, clear safeguarding measures were in place and staff were knowledgeable on how to report incidents of possible abuse in line with the provider's policies and had received up-to-date training on the safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lakeside Residential Services OSV-0001757

Inspection ID: MON-0030337

Date of inspection: 26/10/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will review the Risk Register to ensure all risks are identified and control measures in place to mitigate against the identified risks. In addition to this the auditing tools currently in place will be completed to ensure actions are identified and or escalated and recorded on the risk register.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person in Charge has reviewed the complaints folder. All complaints now clearly demonstrates that the complaint is closed and to the satisfaction of the complainant.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Person in Charge will review all daily logs, this will be followed up with the staff team at next team meeting to ensure that all residents' personal interests, goals and activities are captured in line with the individual's preferences.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has reviewed the cleaning schedule to incorporate additional tasks that were omitted. All identified actions/tasks identified have been escalated to the maintenance department The Person in Charge will discuss the importance of identifying maintenance issues and how to escalate for attention at the next team meeting.

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will review the Centre's Risk register to ensure all risks are identified and control measures are in place to mitigate against the identified risks. Going forward the risk register will be reviewed as per organization policy.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge has reviewed and updated the cleaning register to incorporate all cleaning tasks to ensure a high standard of Infection prevention and control in the Centre. In addition the PIC has updated to Centre Covdi-19 response plan to include current date and all review dates going forward.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered provider will arrange for Health and Safety officer to complete an assessment of the fire containment measures in the Centre and complete any upgrade work that identified in this assessment.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure all associated care plans will be reviewed annually for residents at their formal planning meeting. A template will be developed to ensure all elements of the individuals plan are discussed and reviewed. In addition to this all care	

plans in resident’s individual plan will be formulated in an accessible format.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	26/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2021
Regulation	The registered	Substantially	Yellow	30/11/2021

23(1)(c)	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.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2021
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	12/11/2021
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	31/12/2021

	make adequate arrangements for detecting, containing and extinguishing fires.			
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	05/11/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	30/11/2021

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