



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 19
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0002723
Fieldwork ID:	MON-0032404

About the designated centre

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

This centre is a large bungalow set within its own grounds. There is a self-contained apartment that can be accessed from inside the bungalow. The centre is in a small rural town with easy access to all amenities that the town has to offer, a vehicle is available to all residents and access to larger nearby towns easily achievable. The centre is an all female residence and is home to five individuals, one of whom lives in the apartment. In the bungalow, there is a large communal sitting room and an additional smaller living room, each resident has their own bedroom decorated to personal style and preference. A kitchen and dining room are also present. The apartment has a large living and dining room, separate kitchen, a bathroom and large bedroom. The entry to the apartment is from the hallway in the bungalow. This centre provides supports to five individuals with varying needs relating to their intellectual disability and who require a multidisciplinary approach to care. The centre is staffed 24 hours a day throughout the entire year without closure by a staff team comprising, social care workers, care assistants and a recreational facilitator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 2 February 2022	09:30hrs to 17:30hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

The inspection was unannounced and there were five residents present on the day of the inspection. The five residents have lived in this centre for a number of years. The centre is comprised of one single storey building with a separate contained apartment forming part of the centre where one resident resides.

On arrival at the centre the inspector was guided to follow infection prevention and control measures such as a temperature check and hand sanitizing. It was observed that both staff on duty were engaging in personal care to residents and were wearing appropriate personal protective equipment. There had been no notifications to the chief inspector in relation to any positive or suspected COVID - 19 cases amongst staff or residents.

The centre is a large and comfortable space for residents. It is situated on the outskirts of a town and is close to a lot of amenities. There are secure gardens to the rear of the centre for the benefit of the residents. The inspector got to meet and engage with all residents throughout the day. Some of the residents were able to verbally communicate but it was clearly observed by the inspector that staff interactions with all residents were positive, professional and caring. One non-verbal resident clearly relied heavily on sensory engagement and touch formed a significant part of their means of communication. The environment was observed to be very busy at times but staff were seen to engage with the residents sensory needs by stopping their particular task and giving this resident time to hug them or hold their hands. The resident seemed happy and content after these engagements. There was also an extensive sensory plan in place within the centre for this resident including the regular use of a Jacuzzi in the main bathroom or the resident sitting in their own swing chair.

The residents had individual bedrooms that were all en-suite. The rooms were clearly decorated to reflect the interests and wishes of the residents. There were pictures of family events and one resident proudly spoke about pictures of their niece and a family wedding. COVID-19 has had a very significant impact on the residents and their interactions within the community. The bedrooms were generally tidy and visibly clean. One resident had recently acquired a TV for their room. Some of the residents had been very involved in local active retirement but all this stopped due to the pandemic. On the day of the inspection some residents were observed to be involved with a choir session over zoom, later in the day other residents went on trip to the shops to buy a birthday cake for one of the residents who celebrated their birthday on the day of the inspection. The residents also watched TV for a period, one was knitting, others engaged in chat with each other and it appeared that residents were happy and content.

There was a house dog that belonged to a previous resident but still lived in the centre. One of the residents described the dog as their own. The dog spent sometime inside the centre and overall the residents interacted really well with him

and it added to a very homely feeling within the centre.

The centre appeared busy at various times during the day of the inspection. However, the centre layout afforded the residents opportunities to have a quiet space if needed. One resident had their own self-contained apartment as part of the centre and there was a second sitting room also.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured that residents were engaged and responded to when they presented as needing guidance, assistance or comfort.

There was clear documentary evidence that residents rights and participation formed an important part of the ethos of the centre. Staff were observed to ask some residents about their preferences and offer choice about activities. There were weekly house meetings and these discussed for example the meal plan for the following week which was displayed clearly in the kitchen. It was further observed that there was a pictorial folder for menus so that assistance could be offered to those with communication difficulties.

Resident representatives were not consulted as part of this inspection but it was noted that the provider had recently sought feedback from the residents representatives. The feedback was positive and included "very caring from all staff" and "excellent support provided during lock down and communication received on a regular basis".

Overall there was some good evidence in this inspection to show that the residents enjoyed a good quality of life in the centre. There were members of staff that had worked with the current residents for a pro-longed period of time. The level of care observed from staff to residents showed how dedicated they were and the respect they showed to the residents. However, there were a number of areas that required improvement and review including staffing levels, notifications to The Chief Inspector, premises, infection prevention and control and care plan updates.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This inspection was carried out to monitor compliance with the Regulations. This centre has a good history of compliance with the regulations and issues identified at the last inspection had been addressed.

The centre was managed by a suitably qualified and experienced person in charge

The person in charge worked full time and was also responsible for one other designated centre.

The provider had a statement of purpose available at reception. The provider had reviewed the statement of purpose within the last year and it was in line with schedule 1 of the Regulations.

The provider had changed the staffing arrangements in response to the last HIQA inspection in 2020. There was now two staff on duty in the evening until 9pm. The staff team working on the day of the inspection reported that there was usually three staff members on during the day. The rosters reviewed showed that there was actually two on duty the majority of days. Two of the residents required two to one staffing while in the community and given the daily staffing levels especially at weekends it would mean that these residents opportunities to engage in their community or any activity outside of the centre were greatly reduced. The centre was evidently busy on the day of inspection and the residents assessed needs differed greatly. One resident required full supervision at all mealtimes due to the risk of choking. The staff present clearly worked in the very best interests of the residents but the numbers of staff on duty meant that some residents could not fulfill their potential or engage in meaningful activities on a consistent basis. Given the changing needs of residents and in order to ensure residents needs are fully met staffing levels need to be constantly reviewed and clarity on the roster as to number and mix of staffing. The providers annual review completed in December 2021 documented that the person in charges' hours be reflected in the roster at the centre. This was marked as complete but there was no evidence of this being implemented in the rosters reviewed on the day of inspection.

The training records available within the centre were reviewed. From a review of these records it was not evident that all staff have completed mandatory training . For example the records were generally incomplete with some documents missing. Staff spoken with on the day of inspection confirmed that they had received training in areas such as fire. The inspector also noted that two new staff were receiving training from observing the rosters. The provider gave assurances that all training was up to date for the majority of staff with a clear schedule of training identified for new staff that had recently joined the team.

The provider had a folder of all Schedule 5 policies and procedures in the centre. The providers annual review had pointed to updates required about confirmation that staff had read the required documents. The folder available to staff had six policies that were out of date, The provider representative assured the inspector that the policies were updated centrally and were available on-line to all staff through an internal provider server.

The regulations clearly outline the occasions when the person in charge is required to report incidents to The Chief Inspector. The inspector reviewed the file of one resident where a restrictive practice assessment was completed when the resident needed to be chemically restrained for a medical procedure. The provider followed their own procedures internally but did not inform The Chief Inspector as required under regulation. There were also other restrictive practices recorded in

assessments for the resident but these had also not been returned to The Chief Inspector.

The provider had completed an annual review for 2021. The review looked at various aspects of quality and safety within the centre. The review also sought the views of residents, their representatives and these views were very positive about the care offered to the residents. The annual review did not identify some of the areas that needed improvement that were noted during this inspection. The provider had also carried out a very recent unannounced visit to the centre and there was evidence to show this was happening on a six monthly basis as required under the regulations. Although the written report wasn't yet available for the most recent review other documentation available showed that it had pointed to improvements needed around paperwork and care planning.

There was no written evidence that there were staff meetings during 2021. The provider representative assured the inspector that the most recent meeting was in December 2021 and that another was planned for early February 2022. There was written evidence in the daily handover book of information sharing between the person in charge and all staff.

The provider had an accessible and up-to-date complaints policy. There were no active complaints within the service at the time of inspection.

Regulation 14: Persons in charge

The person in charge worked full-time in the role and was person in charge for a second designated centre. They had the required experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had increased staffing levels in the centre during the evening since the last inspection. There was also a core group of staff that had worked with the residents over a sustained period. The provider needed to review staffing levels to ensure there was adequate staffing to the number and assessed needs of the residents. The provider further needed to ensure that the actual and planned rota is properly maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

The training folder within the centre was not kept up to date. The person in charge assured the inspector that all mandatory training was provided and staff spoken with on the day confirmed they had received training. The current and previous rosters reviewed documented when and what type of training the staff had received during that period.

Judgment: Compliant

Regulation 23: Governance and management

There were government and management systems in place within the centre. The provider annual review and six monthly visits were taking place but they were not fully effective in identifying some concerns in relation to the safety and quality issues identified in this inspection and so the plans to address these concerns were not developed. The registered provider needed to ensure that the centre was resourced to meet the needs of the residents on a consistent basis.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available within the centre and it had been reviewed and updated in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not give a written report to The Chief Inspector in relation to restrictive practices within the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a clear and comprehensive complaints procedure that was available and assessable to both residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider's folder of policies and procedures contained six policies that were not in date, this was the folder that staff were directed to read. The provider told the inspector that all staff had access to the updated versions on-line.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were generally supported to enjoy a good quality of life and that staff showed a keen interest in their care and well-being. However, some improvements were required in regards to the premises, care plans and infection prevention and control.

The inspector had the opportunity to review the care records for two residents. It was clear from the records that residents had access and were reviewed by various professionals on a regular basis. It was noted that one resident had a recent review by the GP and had two visits to the Chiropodist. Another resident had a recent dental review and also had dental work completed over the past few weeks. The provider had identified areas that needed follow up and plans were in place to ensure that any outstanding appointments were made. The inspector reviewed one residents care plan that on paper was due for review in April 2022. The electronic file indicated that the last time this persons plan was updated was June 2020. The provider's own policy stipulates that care plans should be reviewed and updated on a six monthly basis.

It was very clear that COVID-19 had a very significant impact on the personal development of all residents. The necessary restrictions on the lives of residents meant that most of the personal goals or desires were greatly impeded over the past two years. The provider had transitioned some activities on-line and ensured that the residents benefited from the use of video calls and where appropriate

window visits. It was noted that some residents were beginning to again enjoy activities outside the centre and one resident spoke about a recent overnight trip with family. It was also noted in the records that the some residents had enjoyed trips out in the community in the past few months with visits to the hairdresser and also to a nail bar. The concerns around staffing levels in the centre meant that not all residents will benefit from increased activities in the community due to the staffing levels in the centre.

The premises were generally well presented and were designed and laid out to meet the needs of the residents. There were some improvements necessary in the overall centre with a bathroom door handle broken, paint work peeling off walls in the kitchen and on some window sills. The apartment area needed particular attention as the interior was dated with paintwork peeling in the bedroom and kitchen. The resident informed the inspector that they had picked colours and was waiting for the work to commence. There was no time frame given by the provider for the completion of these works.

There were some good infection prevention and control practices noted in the centre. On arrival the staff were observed to be in the middle of personal care and they were wearing the appropriate personal protective equipment (PPE) with both FFP2 masks and also the use of aprons. There appeared to be ample supply of PPE equipment in the centre and staff and residents were observed to regularly wash their hands and also to use hand sanitiser on a frequent basis. Staff were observed to clean various touch points as part of their daily routines. There were also areas that needed improvement. The air vents in two bathrooms were observed to be very dusty, the shower area in the apartment was observed to have black mould around the shower tray and the sink area in the apartment's kitchen was visibly dirty. There was also worn surfaces on furniture in the kitchen. All of the above areas needed attention and compromised the ability of the provider to ensure high standards in relation to infection prevention and control. There was a cleaning schedule in place and this was signed up until the 26/01/2022. It was unclear where or how cleaning was recorded since that date and a staff member reported they couldn't find the sheets. The slush room was tidy but there was better clarity needed in relation to guidance to staff in relation to mop use and the use of chemicals. It was also observed that in one communal bathroom a towel was in place for hand drying.

The provider had identified a number of risk assessments as needing updating at the most recent annual review. The provider told the inspector that these had been completed. There were no new risks identified during this inspection that the provider was not presently addressing.

The residents engaged in a weekly house meeting and decisions were made in relation to meals for the following week. The residents exercised choice and also some residents participated in parts of the weekly shop.

There was ample supplies of food in both the fridge and cupboards and staff were observed to offer snacks to residents on a regular basis. There was also evidence that staff offered assistance to a resident who had a specialist diet and also required

supervision at meal times.

The provider had robust fire precautions in place such as fire doors, fire alarm system, emergency lighting and fire fighting equipment. Staff who met with the inspector had a good understanding of fire precautions . They were completing regular checks of equipment and there was evidence that equipment was serviced at regular intervals. The provider had personal emergency evacuation plans (PEEPS) in place for each resident which outlined residents requirements to evacuate should a fire occur. These plans had been reviewed and updated in January 2022. The provider had completed three fire drills in 2021 both with maximum and minimum staffing levels and no significant issues of concern were noted. The last documented fire drill was in July 2021 but the provider assured the inspector of a further fire drill in December 2021 at the time a new staff member had commenced work.

The provider had ensured that there were good practices in relation to the ordering, storage and administration of medicines. The medicines cabinet was clean and well organised with an appropriate medication recording form in place for the residents with photographs of the residents and all their personal details including date of birth and doctor details. The medications times, dosage and route were clearly outlined.

Regulation 13: General welfare and development

The registered provider had ensured that the care and support offered to each resident was in line with their assessed needs, having regard for the resident's disability and their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre was generally designed and laid out to meet the needs of the residents. It was generally in good repair but a number of areas needed attention. There were issues with the presentation of the apartment, paintwork in the kitchen and a door handle broken in a bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The registered provider had ensured that there was choice around meal types and

times. There was adequate storage and food provisions within the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had put in place systems for the assessment, management and on-going review of all identified risks within the centre at the time of inspection

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection prevention and control measures within the centre. However there were a number of areas that needed closer attention including the cleaning schedule, various areas in the centre that needed to be cleaned to a higher standard, the use of a hand towel in a communal bathroom and better clarity and guidance to staff in the area of mop and chemical use throughout the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had in place fire containment measures within the centre that were effective and there were systems of oversight and review in operation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents all had care plans in place. The care plan for one resident was not updated since 2020. The goals for some residents needed to be reviewed and expanded with further community elements.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had ensured that the residents had access to appropriate medical professionals and there was evidence that reviewed and recommendations were completed and followed up in a timely manner

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with on a regular basis through weekly house meetings. Residents were observed to exercise choice and control over various daily activities and staff were observed to be very respectful towards residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The register provider ensured that all residents had access to medicines from a local pharmacist and had in place robust procedures around medication practices including regular training for staff.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Community Living Area 19 OSV-0002723

Inspection ID: MON-0032404

Date of inspection: 02/02/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>The registered provider shall review the current staffing arrangements to ensure the assessed needs of the residents are met. Where there are identified shortfalls in staffing levels a business case will be submitted to the HSE requesting funding to increase staffing.</p> <p>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. The Person in Charge is now evident on the roster.</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 registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose</p> <p>The organisation's audit tools were reviewed and updated in January 2022. These tools are in operation since February 2022 and should now effectively identify concerns in relation to safety and quality issues. Out of this any concerns identified will have an</p>	

action plan developed.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>3 (a) The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used</p> <p>(4) Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.</p> <p>The person in charge shall ensure that the appropriate report is provided to the chief inspector at the end of each quarter in relation to incidents where a restrictive procedure was used in this designated centre.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.</p> <p>The registered provider shall ensure that all current versions of policies and procedures are available to staff within the designated centre.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

<p>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.</p> <p>The registered provider shall identify areas of improvement within the designated centre and set out a schedule of works and timeframes to improve the overall presentation.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>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.</p> <p>The registered provider shall ensure that the standards on the infection prevention and control measures are improved in the designated centre as published by the Authority. This will address shortfalls identified in the inspection</p> <ul style="list-style-type: none"> • Cleaning schedule • Training for staff • Updating hand hygiene practice 	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.</p> <p>The person in charge shall ensure comprehensive assessments are carried out on the health, personal and social needs of each resident as required and updated every six months as per provider guidance.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	08/04/2022
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.	Not Compliant	Yellow	08/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	27/06/2022

	kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	08/04/2022
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	30/03/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated	Not Compliant	Yellow	02/03/2022

	centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Yellow	02/03/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	02/03/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	02/03/2022