



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

## Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services - Group D
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0003947
Fieldwork ID:	MON-0032780

## About the designated centre

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

St. Anne's Residential Services - Group D consists of two adjoining two-storey semi-detached houses located in a housing estate on the outskirts of a town. The designated centre provides a residential service for a maximum of six residents with intellectual disabilities, both male and female, over the age of 18. Each resident has their own en suite bedroom and other facilities in the centre include kitchens, utility rooms, sitting rooms, dining rooms and bathroom facilities. Staff support is provided by a Home Manager and care staff.

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

Number of residents on the date of inspection:

5

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 16:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the centre presented as a homely environment where residents enjoyed a good quality of life. Some improvements were required to the maintenance of the property to ensure the home was kept in up-to-date repair.

To gather a sense of what it was to like in the home, the inspector spent some time speaking with residents, observing everyday practices in relation to care and support, speaking with staff and reviewing documentation. As the inspection was completed during the COVID-19 pandemic, the time spent with residents and staff in the designated centre, was in line with public health advice. The inspector adhered to national best practice and guidance with respect to infection prevention and control throughout the inspection.

On arrival at the centre, a resident was present in the kitchen. The other residents had left to go to their day service. The resident seemed comfortable and content and was looking through music CD's and putting them in and out of a bag. A staff member was present to support them. The resident had ongoing needs in relation to changes in cognitive function and spent time reminiscing about previous holidays and music concerts. Staff spoke about the importance of music for this resident. They later put on a music show the resident requested. Throughout the day of inspection the resident's favourite music was being played. This resident had some preferred activities such as, puzzles and colouring, and was seen to engage in these activities throughout the day. Staff provided a wrap around service in the home due to the resident's changing needs. The staff were observed to be patient and kind in their interactions with the resident. They had good knowledge around the resident's specific needs and assisted the resident communicate with the inspector. The resident was seen to frequently smile throughout interactions with staff.

Later in the day the other four residents returned from their day service. On arrival back to the centre they were seen to hang up their belongings and go to their individual bedrooms or to the communal areas to relax. They freely moved though both homes. Staff welcomed them home and asked about their day. Residents were familiar with the staff caring for them and sat and engaged with staff in line with their specific needs. One resident choose to speak with the inspector. They spoke about their collection of model cars that were kept in an outdoor cabin. This cabin had been put in place for additional storage for this resident's specific belongings. They had chosen the paint colour of the cabin, shelving had been installed so the resident could display their belongings. There was desk with a lamp where a resident would read some of their magazines. The resident stated they were very happy in their home.

In the evening time residents were observed to freely move around their home. They helped themselves to snacks. Staff and residents spoke about the new poly-tunnel that had been installed in the garden. Residents had chosen specific items they wanted to grow and with staff support spoke about this. Some residents and

staff joked amongst each other in terms of the amount of work was required to get the poly-tunnel planted. The atmosphere at this time was relaxed and residents appeared content and familiar with all staff present.

The designated centre comprises adjoining two-story semi-detached homes in a residential area near a large town. Two residents lived in one of the semi-detached homes, while three residents lived in the other home. A covered porch way at the back of the home allowed all residents to access both homes freely if they so wished. The residents had been active in terms of neighbour community events in previous years such as attending barbecues. Although events such as these were not occurring due to the ongoing pandemic, residents were well known and an integral part of their community. One resident chose to walk independently in the housing estate and knew many of the neighbours.

The centre was warm and homely. Personal items were on display throughout the home. The premises required some maintenance works to bring the condition of the home to a good standard. Many areas in both homes required painting. Carpets on communal areas were stained and marked and there was a presence of mould in bathrooms and bedrooms. The long term accessibility of the premises due to the changing needs of some individuals in the centre also required review. The condition of some parts of the premises also posed an infection prevention and control risk. This will be discussed further in the report.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall, the inspector found that the centre had systems in place to ensure a good level of support and care was provided to residents. In order to strive for quality improvement, some improvements were required in relation to roster maintenance, staff training and timely actions in relation to identified maintenance works. The previous inspection report completed in December 2020 had identified that the centre was not fully meeting the assessed needs of all residents. Improvements were noted in relation to this, however, the long term suitability of the centre meeting this resident's needs would continually require review.

Night time staffing arrangements had been highlighted in the previous inspection report as an aspect that needed to be addressed. This was to ensure a resident was safe in their environment due to changing cognitive needs. The provider audit completed in September 2021 also noted this as an area of improvement. The provider had submitted a business case proposal to their relevant funder following the inspection in 2020. This funding had been turned down. The provider made a decision to self-fund this staffing arrangement and now there was a waking night staff member rostered 7 days a week. The specific assessed needs of this resident

were now being met due to this arrangement.

There was a full staffing team employed by the centre with evidence of good continuity of staffing with a suitable skill mix. As the waking night time staff was not a permanent post this was being covered at times by regular relief or agency staff. Staff spoken with were knowledgeable around residents' needs, likes and dislikes. Observations on the day of inspection noted kind, caring and familiar interactions. The maintenance of the roster required review as when agency or relief were used their names were not fully recorded on the roster.

In order to ensure staff could effectively support the residents a range of mandatory training and training in line with each resident specific needs was scheduled for staff to complete. There were some gaps in staff training that needed to be addressed. This had been identified in a recent training needs analysis completed by the provider.

There was a range of systems in place to ensure appropriate oversight of the service. The person in charge had a range of audits in place which ensured that the quality and safety of care was maintained to a good standard. This included fire safety audits, health and safety audits, medication audits and infection prevention and control audits. Team meetings occurred on a regular basis to ensure effective communication between all staff. The provider had completed all required audits and review as stated in the regulations. However, some actions identified in the provider's annual review in 2019 remained outstanding.

### Regulation 15: Staffing

The revised staffing levels in the home ensured that the assessed needs of residents was met. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

A sample of rosters were reviewed on the inspection day. There were actual and planned rosters in place. These rosters required review in terms of the information presented on them. When regular relief or agency staff were utilised their names were not added to the roster. For the most part initials were present.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, a majority of the staff team had up-

to-date training. All staff had training in mandatory areas such as Fire safety, safeguarding, de-escalation techniques and safe administration of medication.

A number of trainings in relation to the specific assessed needs of residents had been completed. The clinical nurse specialist in dementia had completed some bespoke training to ensure the resident's needs were being met. However, a member of the staff team required training in areas including diabetes training and feeding, eating, drinking and swallowing (FEDS) training.

Staff were suitably supervised by both the house manager and person in charge. There was a supervision schedule in place for 2022. A sample of supervision notes were reviewed. Topics discussed included individual resident needs, financial issues, training needs, policies and procedures and relevant delegated duties. These communication meetings also allowed staff the opportunity to bring up any concerns they may have.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for three designated centres and was supported in their role by a house leader. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

However, although the provider was identifying areas of improvement, some actions that had been identified in relation to the condition of the property and accessibility had been recorded as far back as 2019 in the provider audit. On the day of inspection these actions remained outstanding and timely effective response to these actions had not been evidenced by senior management.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

For the most part, notifications were being submitted in relation to the requirements of the regulation. However, improvements were required to ensure notifications in relation to hospital admissions following injuries were notified as required

Judgment: Not compliant



## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care. However improvements were required in relation to the maintenance of the premises to ensure it was kept up-to-date. Due to the condition of some areas of the premises it was not evident how effective infection protection control measures were being implemented as all times.

Each resident had a personal plan in place which was reviewed on an ongoing basis and clearly outlined residents' care needs. As mentioned earlier in the report, the provider had assessed that a resident was undergoing cognitive changes and it was evident in their personal plan their well-being was to the forefront of care. Comprehensive reviews were undertaken by a range of health and social care professionals. A specialist in dementia was actively involved in their care. At the time of the inspection the resident specific needs had remained stable for a period of time, however, due to the nature of this condition it would be likely that the resident's presentation may deteriorate over the coming years. The provider had identified that the long term suitability of the placement for this resident required ongoing review.

Overall, the designated centre was decorated in a homely manner. The designated centre consisted of two semi-detached two-storey houses located in an estate in a town in County Tipperary. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display. However, many parts of the home required painting as paint work on walls, skirting, and doors was marked or chipped throughout both premises. Damage on some ceilings was evident from leaks and mould. Flooring throughout the premises required updating.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. The inspector observed sufficient access to hand sanitising gels and personal protective equipment (PPE) throughout the centre. Staff were observed wearing PPE as required. However, due to the condition of the premises the inspector was not assured that effective infection prevention control measures could be implemented at all times.

## Regulation 17: Premises

The designated centre was evidently decorated in line with residents' specific tastes

and preferences. There were framed pictures on the wall. Also on display were jigsaw puzzles that residents had completed and these were framed. There was a pool table in one of the homes for residents to use, as this was a noted preferred activity. Residents had access to a communal kitchen and sitting room, each resident had their own individual bedroom, some bedrooms were en suite. There was also a main bathroom located upstairs in both homes as well as a small bathroom downstairs with a toilet and sink.

On the walk around it was noted that significant wear and tear to aspects of the home had occurred. Paint work was well chipped and marked on walls, window sills, doors and skirting. There were small holes some of the walls that required filling. The carpet on the stairs was well worn and marked in places. A leak had occurred in one of the homes and the ceiling was stained. Bathroom floors were worn. Mould was present in a bathroom and bedroom. Although the provider had identified the majority of the issues the timeliness of progressing works needed improvement.

In terms of accessibility, aspects of the premises also required review. In an en suite bathroom, there was a slight concealed ramp up to the shower. The resident that used this bathroom had some emerging needs in relation to their mobility. This issue had been identified by the provider, however, on the day of inspection there was no set plans to have this issue amended.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments.

There was evidence of positive risk taking within the centre which evidenced the provider ability to safely support resident while promoting the residents specific choices, independence and autonomy.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre.

Although there was sufficient access to hand sanitising gels and hand-washing facilities, pedal bins were not in place in some areas of the home that required the use of the same.

The condition of the premises was not conducive to ensuring infection prevention measures were effective. Chipped paint on walls through many areas of the home was present. Rust was present on bathroom equipment and radiators. Two areas of the home, a bedroom and en suite bathroom had a significant presence of mould. Wooden casings around showers were marked and in generally poor condition.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. On a review of a sample of the drills that occurred over the last twelve months residents were evacuating in a prompt and efficient manner with no difficulties noted. Individual fire risk assessments were comprehensive. Individual personal evacuation plans were in place and reviewed on a regular basis. Staff were knowledgeable around the fire procedures in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. The assessment of need informed the residents' personal support plans. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the residents with their needs.

However, the long term suitability of the centre meeting the assessed needs of some residents would require ongoing and frequent review.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider took measures to ensure the residents healthcare needs were met. Healthcare assessments were in place and reviewed on a regular basis with appropriate healthcare plans that arose from these assessments in place. There was evidence that residents were facilitated to access medical treatment when required, including national screenings and vaccinations. The Inspector noted the residents had access to and there was input from health and social care professionals such as occupational therapists, dietitians, speech and language therapists, physiotherapy and neurology.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure that residents were living in a safe environment. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where there were safeguarding concerns, there was evidence that appropriate safeguarding plans were in place which were monitored, reviewed and dealt with appropriately. Residents had intimate care plans in place which detailed the level of support required.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For example each week a resident meeting occurred which discussed specific aspects of care and support, such as menu planning, social outings, visits home and any other new specific changes within the centre. In a recent meeting the new poly-tunnel that had been purchased for the garden was discussed and it was recorded that residents wanted to grow specific vegetables or fruit. As stated earlier in the report this was also in line with the discussions observed between residents and staff.

Some restrictive practices had been put in place to mitigate risks associated with one resident's specific assessed needs. The provider had put in measures to ensure the rights of the other people in the home were not impacted by these restrictions.

The inspector found that personal care practices respected resident's privacy and

dignity. The staff were seen to interact with residents in a respectful and dignified manner.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Anne's Residential Services - Group D OSV-0003947

Inspection ID: MON-0032780

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection, the PIC reviewed the staff rosters and the full names of relief and agency staff are now added to all rosters in place of staff initials.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection, the PIC and home manager reviewed the training needs analysis for Group D. Training requirements for one staff member has been identified and training has been scheduled for the next available date in diabetes training and feeding, eating, drinking and swallowing (FEDS) training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	



Since the inspection the issues in relation to the condition of the property was approved by the service manager and works commenced on 14.02.2022 to paint both properties internally in full.

Approval to replace the carpets and flooring in all areas, identified in the provider audit and recent inspection, has been granted. A costed plan is being prepared regarding the accessibility issues in the property, with a view to the completion of necessary works to ensure the changing mobility needs of residents are met.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Since the inspection, an outstanding notification in relation to a hospital admission following injury has been completed by the Person in Charge.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Since the inspection approval for works in relation to the condition of the property authorized by the service manager and works commenced 14.02.2022 to paint both properties, internally in full. Approval to replace the carpets and flooring in all areas, as identified in the provider audit and the recent inspection, has been granted and works are currently being scheduled by the Maintenance Manager. The two areas where mould is present will be treated, heaters installed and preventative measures taken to ensure the mould does not return.

A costed plan is being prepared regarding the accessibility issues in the property, with a view to the completion of necessary works to ensure the changing mobility needs of residents are met.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Since the inspection, pedal bins were purchased in areas required. The issues in relation to the condition of the property was approved by the service manager and works commenced 14.02.2022 to paint both properties internally in full and approval has been granted to replace the carpets and flooring in all areas identified. Bathroom equipment, wooden casings and radiators where rust and chipping was present will be replaced or treated to ensure infection control measures are effective. The two areas where mould is present will be treated and preventative measures taken to ensure the mould does not return.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 Since the inspection the long term suitability of the centre to meet the needs of some residents continues to be reviewed through the ADT (Admissions, Discharge and Transfer) process.  
 Multi-Disciplinary reviews and assessments for each individual living in the centre are completed annually and more frequently if required pending on needs of residents to ensure all their changing needs are met.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/02/2022
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	28/02/2022
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	Not Compliant	Orange	30/06/2022

	internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
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	Not Compliant	Orange	31/03/2022

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	04/03/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2022