



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	31 July 2023
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0037954

## About the designated centre

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

Tory Residential Services consists of a detached one-storey house and a detached two-storey house located in different housing estates in a city. Combined the houses can provide long-term residential care for six male residents between the ages of 45 and 66 with intellectual disabilities including those with additional needs. Each resident has their own bedroom and other facilities in both houses include bathrooms, sitting rooms, kitchens and staff rooms. Support to residents is provided by the person in charge, social care staff and care assistants with the level of staff support varying between the two houses depending on the time and days of the week.

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

Number of residents on the date of inspection:	6
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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
Monday 31 July 2023	11:00hrs to 19:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

All six residents living in this centre were met on the day of inspection. The residents spoken with generally talked positively about living in the centre. The houses provided for residents to live in were generally well-presented although the inspector did observe some areas for improvement in both.

This centre was made up of two houses, both of which were located in separate housing estates just over 5 minutes' drive apart. On arrival at the first house, three of the four residents who lived there were present. Two of the residents greeted the inspector with one asking the inspector questions about why he was present and what he going to do for the day. When asked, this resident indicated that they had lived in this house a long time. They mentioned that they had previously lived in other houses before and did not like them but loved this house.

The resident said that they got on with the other residents living in the house, and although they sometimes had disagreements, the resident described their peers as "my friends". Positive comments on the staff supporting them were made by this resident and they were also aware of who management of the centre were. The resident also discussed how they did chores around the house such as doing gardening and about having a landscaping job through their day services which they attended most weeks.

Ordinarily, the residents in this house would have been attending day services in different locations but at the time of this inspection they were on holidays from day services for two weeks. As a result the residents were being supported from their home during this time. It was seen that the three residents present at the start of the inspection spent some time together watching television in the house sitting room with all appearing comfortable in each other's presence. One of these residents indicated to the inspector that they would be going to stay with a relative soon during the day services' holidays.

Soon after the three residents left the house with the staff member on duty to go on an outing. The inspector used this time to review the premises provided for the residents to live and in general it was seen that this house was well-presented, well-furnished, clean and homelike. Each resident had their own individual bedroom, and while these bedrooms did vary in size, they were personalised to residents. For example, one resident's bedroom had some cushions and toys which were related to comic book characters.

Communal areas of the house such as the main sitting room and a smaller sitting room were also seen to be well-furnished. Garden areas were present to the front and rear of the house. Both of these were well-maintained with colourful flowers present which added to the homely feel of the house. Bathrooms facilities were also provided for within the house and while these were generally reasonably presented,

in two bathrooms it was seen that toilet seats present there were worn in places.

After reviewing this house and reviewing some documentation, the inspector left to go to the other house of the centre to meet the two residents living there. Both of these residents were present on the inspector's arrival. While one resident was more vocal than the other, the two residents both indicated that they liked living in this house and liked the staff. One of the residents showed the inspector their bedroom and showed him a particular device that was used to wake the resident at night in the event of a fire evacuation being required.

The same resident later pointed out to the inspector that some of the springs in their mattress on their bed were broken. The person in charge later indicated that this was the first time the resident had raised this issue and that it would be no issue in resolving this. The second resident in this house also indicated that some items and appliances in the house's kitchen, such as a telephone and an oven hob, were not working. These did appear to be operational on the day of the inspection when reviewed by the inspector.

While in this house, the second resident also showed the inspector their bedroom which was reasonably furnished. The bedroom had its own exit door leading to the rear of the centre with a window forming part of the door which was open when seen by the inspector. There was also a vent up on the wall of the resident's bedroom but the resident said that some nights they could feel a breeze from this vent which could not be closed. The resident indicated that the bedroom had been recently cleaned and painted but there was some mildew evident in parts of the ceiling.

It was also observed the toilet in a bathroom near this bedroom was visibly unclean while some large cobwebs were seen present in the house's sitting room. Aside from these though, large areas of the house were seen to be clean and well-presented with both residents explaining to the inspector how the layout of the kitchen area used to be different previously. Shortly after this both residents left the house with the staff member present. As they were leaving it was indicated that one resident was going to see a relative while the other was going for drive.

After reviewing some further documentation in this house, the inspector returned to the first house. On arriving there only one of the residents, who was met earlier, was present. This resident was getting a foot spa and seemed relaxed. This resident waved at the inspector but otherwise did not engage with him directly during the course of the inspection. Of the other two residents met earlier in the day, one had gone to visit their relative, and so was not met again, while the other resident was away from the house spending time independently in the city where the house was located.

This resident returned to the house before the end of the inspection and was overheard being reassured by a staff member around the inspector's presence. The fourth resident who was living in this house also returned to the house accompanied by a family member who was advised by a staff member of the inspector's presence. The family member indicated they did not want to speak to him. The

resident was briefly met by the inspector when they came up their bedroom. This interaction was brief with the resident greeting the inspector before entering their bedroom. The resident was not met again.

In summary, the feedback provided by the residents spoken with during this inspection was generally positive. While the inspector did note some worn toilet seats in one house and some areas that needed further cleaning in the other house, both houses were generally well-presented. All residents living in the two houses had their own individual bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

An increase in regulatory actions was identified during this inspection but residents' needs were been met. As part of this appropriate staffing arrangements were in place to support residents. Based on information reviewed during this inspection one incident had not been notified as a safeguarding concern.

This designated centre had last been inspected in April 2022 where an overall good level with the regulations was found. That inspection identified only one regulatory action and following receipt of a satisfactory compliance plan response, the centre had its registration renewed until September 2025 with no restrictive condition. The current inspection was conducted to assess the compliance levels with the regulations in more recent times. As part of this the inspector visited both houses of the centre, spoke to residents, staff and the person in charge and also reviewed certain documentation.

Amongst this documentation was incidents reports related to this centre. Overall, there was a low level of recorded incidents for this centre but the inspector did note one particular incident which had a negative impact on a resident. While this matter had been reviewed by management of the centre and measures had been taken to prevent reoccurrence, the nature of the incident had safeguarding implications. Despite this based on the information provided this incident had not been managed in accordance with the provider's national safeguarding policy nor had it been notified to the Chief Inspector of Social Services as a safeguarding concern.

This matter was discussed with the centre's person in charge. This individual formed part of the organisational structure that was provided for the centre. This structure provided for clear lines of accountability and reporting from staff working directly in the centre to the provider's board of directors. This organisational structure was outlined in the centre's statement of purpose (SOP). The SOP must be reviewed every 12 months and on the day of inspection it was seen that the SOP in one house

was dated May 2023 but when in the centre's other house, the SOP present was from March 2022.

The May 2023 SOP did have most of the required information present when reviewed on the day of inspection but it was noted that not all of the information in the centre's registration certificate was included. The day following this inspection, the person in charge provided an updated copy of the SOP which contained such information. The SOP also included details of the staffing arrangements in place for this centre. Overall, this inspection found that staffing the centre was being provided in a manner consistent with the SOP and the assessed needs of the residents living in the house. The staff met during this inspection demonstrated a good knowledge of residents' needs and were seen to interact appropriately with residents.

Both of the houses of the centre were staffed by one staff member at particular times and it was highlighted that this could pose challenges in supporting residents and keeping documentation up-to-date. However, it was also noted that some residents of this centre did activities independently and that if additional staffing was needed to support activities for residents then this would be provided. One resident also had a volunteer provided who supported them with external activities. During the inspection process the inspector was provided with documentation which indicated that this volunteer had evidence of Garda Síochána (police) vetting and was supervised. Such provisions for volunteers are required by the regulations

These regulations also require the provider to conduct annual reviews and 6 monthly unannounced visits to the centre. These are intended to form part of the monitoring systems for a centre and it was noted that these were being done. However, it was seen that the most recent annual review completed did not explicitly assess the centre against relevant national standards as required. In addition, this inspection found an increase in regulatory actions compared to the April 2022 inspection. This suggested that the monitoring systems in operation needed some improvement to identify all issues. Despite this, it was acknowledged that overall residents' needs were being well provided for in this centre as will be discussed further in the next section of the report.

### Regulation 15: Staffing

Staffing was provided in line with the centre's SOP and the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff underwent training in various areas to provide them with the skills and knowledge to support residents but records reviewed indicated that some staff were

overdue refresher training in areas such as fire safety and infection prevention and control.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had conducted an annual review which included feedback from residents and their families. While such feedback was positive, the annual review did not explicitly assess the centre against relevant national standards as required. Unannounced visits to the centre by representatives of the provider were being conducted with reports of these available for review. The person in charge also completed their own unannounced visits to each house of the centre while audits in areas such as safety and medicines were being completed. Despite these, this inspection found an increase in regulatory actions compared to the April 2022 inspection. This suggested that the monitoring systems in operation needed some improvement to identify all issues.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The SOP provided the day following this inspection had all of the required information.

Judgment: Compliant

### Regulation 30: Volunteers

A volunteer supporting one resident had their roles and responsibilities set out in writing, was Garda vetted and was supervised and supported.

Judgment: Compliant

### Regulation 31: Notification of incidents

One incident had not been notified to the Chief Inspector as a safeguarding concern.

Judgment: Not compliant

## Quality and safety

Residents' health, personal and social needs were being met in this centre. Some regulatory actions though were identified regarding personal plan documents, fire safety and infection prevention and control.

Since the previous inspection in April 2022, two new residents had moved into this centre with one moving to each of the centre's two houses. In accordance with the regulations suitable arrangements must be in place to meet the assessed, health, personal and social care needs of all residents living in a centre. Overall this inspection that residents' needs were being met. For example, residents were supported to be independent, to participate in jobs, to keep in contact with their families, and to go on holidays or trips away. These helped to provide for residents' personal and social needs. Their health needs were supported with residents facilitated to avail of health and social care professionals such as general practitioners, chiropodists and psychologists.

The needs of residents were set out in their individual personal plans. The inspector reviewed sample of such plans and noted that they contained clear guidance for staff on supporting the assessed needs of residents. It was seen though that some parts of the plans reviewed had not been reviewed in over 12 months while a specific recommendation for a resident made in August 2022 around getting a memory book had not been followed through at the time of this inspection. Personal plans were subject to multidisciplinary input and a person-centred planning process was followed to involve residents in the review of their personal plans. This process was used to identify goals for residents to achieve.

It was indicated though that two residents in one house had expressed a wish not be participate in a person-centred planning process and this choice was respected. Aside from this there was also evidence that the rights of residents were respected and that they were consulted around things. For example, following a particular incident a restriction was introduced for one resident as a safety precaution but records reviewed indicated that the resident involved was consulted about this and advised of their right to complaint. Residents were also consulted and given information via residents' meetings (although these meetings happened at different frequencies in the two houses). Notes of such meetings indicated that items like grocery shopping and safety were regularly discussed.

Discussing safety with residents was particularly important as some of the residents living in this centre were very independent and spent time in the city on their own. This provided assurance that residents were provided with information to safeguard themselves. Records reviewed indicated that staff had also been provided with training in relevant areas to protect residents such as safeguarding and fire safety

although some staff were overdue refresher training in the latter. Both houses were also equipped with fire safety systems. However, in one of the houses it was seen that some fire doors, which are intended to prevent the spread of fire and smoke, did not close fully under their own weight or had noticeable gaps under them.

These could reduce the effectiveness of the fire doors in their intended purposes. In the other house no similar issues with any of the fire doors there were observed but some documentation gaps were seen in weekly internal checks on aspects of the fire safety systems. In addition, it was noted that some of the documents in that house's fire register also required updating. For example, some of the contents of this had not been updated to reflect that a new resident had moved into the house. While in the same house the inspector observed that a bottle of hand sanitiser and a pack of antigen tests had passed their expiry dates. Bottles of hand sanitiser and some personal protective equipment (PPE) were also seen in the other house that had passed their expiry dates. Hand sanitiser and PPE can form part of effective infection prevention and control practices.

Another key aspect in this regard is cleaning. Records provided indicated that staff had completed training in infection prevention and control (although some were overdue refresher training) and the inspector was informed by staff that cleaning was done. As highlighted earlier in this report, the two houses visited were generally clean but in one house some areas were seen that needed additional cleaning, notably one toilet. A daily schedule was in place for this house, and while this was not specific to cleaning, it did indicate that toilets were to be cleaned before staff finished their shift. While some records of cleaning completed in this house were available for review, these were focused on commonly touched items and did not expressly include toilets. The inspector requested records of any other completed cleaning in this house for July 2023 to be provided the day following inspection but no other records of completed cleaning were provided.

### Regulation 13: General welfare and development

Residents were supported to participate in jobs, to keep in contact with their families, and to go on holidays or trips away.

Judgment: Compliant

### Regulation 17: Premises

While both house were generally well-maintained, some bed springs in one resident's mattress were broken while some toilet seats were worn.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Appropriate facilities were provided in both houses for food to be stored hygienically. Residents were asked about meals and grocery shopping at residents' meetings in both houses.

Judgment: Compliant

### Regulation 27: Protection against infection

During the inspection some bottles of hand sanitiser, PPE and a box of antigen tests were found to have passed their expiry dates. One toilet was seen to be visibly unclean while no records of completed cleaning of this toilet for the month of July 2023 were provided.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

It one house it was seen that some fire doors did not close fully under their own weight or had noticeable gaps under them which could limit their effectiveness. Some gaps were seen in weekly internal checks on aspects of the fire safety systems in the other house while some of the documents in that house's fire register also required updating.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Overall, arrangements were in place to meet the needs of residents who had individualised personal plans provided for although some parts of the plans seen had not been reviewed in over 12 months.

Judgment: Substantially compliant

## Regulation 6: Health care

While residents' health needs were provided for, a resident did not have a memory book in place at the time of this inspection despite a recommendation made in August 2022 by a psychologist around this.

Judgment: Substantially compliant

## Regulation 8: Protection

Efforts were made to give residents information in order to give them information and knowledge on how to safeguard themselves. Staff had completed relevant safeguarding training. One particular incident, given its nature, not been reported and screened in line with the provider's national safeguarding policy.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents were consulted and given information while the choice of some residents not to participate in a person-centred planning process was respected.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0037954

Date of inspection: 31/07/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Staff members who require refresher training have been prioritised to attend the next scheduled training.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The Provider will review the annual review template in use across the service to ensure that it assesses the centre against the National Standards.</li> <li>• Audits and reviews carried out in the centre will be more robust in an effort to self-identify and action areas for improvement locally.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

<ul style="list-style-type: none"> <li>• The PIC will ensure that any concerns/allegations of abuse are notified to HIQA within regulatory timeframes.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The PIC will complete a monthly walk around to check the centre for any maintenance work that may be required.</li> <li>• New mattress purchased on 03.08.2023</li> <li>• Toilet seats were replaced on 08.08.2023</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Expired PPE has been disposed of and replaced. The expiry of PPE will be monitored via IPC audits going forward and replaced as necessary.</li> <li>• Staff have been reminded of the requirement to complete tasks on the centre's cleaning schedule and sign for same when completed. This will be subject to increased oversight and monitoring from the PIC.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• On 08.08.2023, two fire doors with gaps were fitted with fire retardant seals.</li> <li>• On 08.08.2023 maintenance work was carried out on fire doors, doors now closing fully.</li> <li>• Fire register checks will be completed as per fire register guidelines. This will be subject to increased oversight and monitoring by the PIC.</li> <li>• Fire Register documentation was updated on 04.09.2023</li> </ul>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Personal Plans will be reviewed and updated annually or sooner if required.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The psychologist's recommendations had been trialed by the team, however given the resident's preference and wishes it was ceased. This information has now been recorded in the individuals plan and the psychologist is aware and in support of this.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure than any concerns/allegations of abuse are reported in line with National Safeguarding Policy requirements.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/12/2023
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	15/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	15/09/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	01/04/2024
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	15/09/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	10/09/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	15/09/2023

	extinguishing fires.			
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/09/2023
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	05/09/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/09/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/09/2023