



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

## Issued by the Chief Inspector

Name of designated centre:	Rossmore
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0002404
Fieldwork ID:	MON-0032245

## About the designated centre

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

Rossmore provides full-time residential support to male and female adults. Rossmore implements a social care model of care and aims to support residents to live as independently as possible. The service is located in a residential area, and within walking distance of local amenities such as shops and leisure facilities. The centre is close to public transport which enables residents to access additional facilities in their local community. The centre comprises one large two-storey dwelling. Residents have access to a communal sitting room, kitchen/dining room, utility room with laundry facilities and another small sitting room. In addition, there are two communal bathrooms provided, located on the ground floor and first floor of the centre. There were gardens to the front and rear of the centre. Staffing is based on the assessed needs of residents. An over-night staff is available to provide assistance to residents if required.

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	09:45hrs to 16:05hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from a room located upstairs within the designated centre. The inspector ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. The inspector met all four residents who lived in the designated centre throughout the day, and spoke with them about their experience in the designated centre. At the time of the inspection there were two vacancies.

On arrival to the designated centre, a resident answered the door and was shown the inspector's identification. The inspector was invited into the kitchen area, where two residents were spending time. Some residents were eating their breakfast, and the table was nicely set with individual milk jugs. The tables in the dining room had been changed, so that there were three long tables for residents to eat together, while maintaining two metre distance from each other. The dining room was nicely decorated with craft work made by residents, photographs and art work. The atmosphere was very relaxed throughout the day, with residents each taking part in their own daily activities and interests.

Some residents told the inspector how difficult it had been during the national restrictions, and how much they missed going out for meals to local restaurants and pubs, or going on holidays to other countries; which they loved to do. Residents had things to do during the day, even throughout the national restrictions. For example, some residents were working on an art and craft project that had been supplied and guided by the day services remotely. Residents spoke to the inspector about how they spent their time, and talked about using tablet devices to take part in different classes online, or to view mass or religious services. Residents were happy that they could attend the local church again in person, and told the inspector it was only a short walk away. Some residents were delighted to be able to attend local social groups in person again. For example, their knitting clubs.

A day service, operated by the provider was across the road, and while they had been closed since March 2020 residents were supported with online programmes, and could use the building at certain times if they wished. Residents had been supported to work towards a module component qualification in relaxation, which was recognised on the national framework for qualifications. For some residents the completion of this module would lead to a major qualification award, and they were greatly looking forward to graduating with this qualification.

Some residents living in the designated centre travelled independently, and enjoyed walking to the nearby amenities in their area. For example, the inspector met a resident in the local shops during lunch-time, who told the inspector they had been to the hair salon for an appointment.

During the morning time, the inspector heard residents answering the door, and standing in the garden to talk to people who had come to visit them. The centre was located in a nice area overlooking a green and had a spacious back garden. It was close to supermarkets, hardware stores, hair salons and places of worship, and had easy access to bus routes in and out of the city centre.

After lunch-time, a second staff member began on their shift. Residents were delighted to spend time with a small dog, owned by staff. Residents told the inspector they liked animals, especially dogs. Some residents sat down petting the dog on their lap, and told the inspector they really enjoyed when the dog came to the designated centre.

Some residents showed the inspector their bedroom, and talked about their plans to have it painted and to change around the lay-out. Residents had space for their personal belongings and furniture, and the designated centre had a homely feel. Some residents had unique interests and hobbies, and had collections of books, charts and posters on these areas of interest.

Residents told the inspector that they liked the staff who worked in the centre and they felt they could talk to the staff about anything that was troubling them or concerning them. Residents said that they knew all the staff who worked there, and it was rare that they would be supported by someone that they didn't know well.

In the afternoon, the inspector overheard a negative interaction between residents. While residents were quickly supported by the staff team, the incident did impact negatively on some residents who were upset. While this was observed during the inspection, overall residents felt that it was a nice place to live, and in general residents felt that they got along with each other. Some residents spoke with the inspector about managing their mood and when incidents like this occurred between peers, it made it more difficult to remain calm. Some residents had raised a complaint to the provider about it and received acknowledgement of this from the senior management.

The person in charge and staff team were managing safeguarding risks between peers through written safeguarding plans, increased staffing and access to other facilities outside of the designated centre. The person in charge told the inspector that there were two vacant bedrooms in the designated centre, which would remain empty until a time when incidents between residents were no longer occurring.

Overall, through talking with residents and spending time in the centre, this inspection found that residents had a nice home, which was decorated and laid out in line with their preferences. Residents were active citizens in their neighbourhood and wider community and their independence was promoted. That being said, improvements were required by the provider to ensure the consistent experience of residents in the designated centre was a positive one, with regard to the potential negative incidents between peers that could occur.

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

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner was person-centred, promoted residents' independence and offered residents a life of their choosing. However, some improvements were required to ensure measures were taken to address an ongoing issue in relation to negative incidents that could occur between people living in the designated centre.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge to cover a planned absence. The person in charge reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risks.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits, to respect national restrictions and visitor guidance. While these auditing tools identified a safeguarding issue between residents, a long-term resolution had not yet been put in place to rectify it. The provider was actively engaging with external agencies to seek additional resources in order to put in place a plan, that they felt would be effective at ensuring all residents' needs were met, and respected. However, at the time of writing the report the provider did not demonstrate that they had the resources to carry out this plan.

Similarly, on review of complaints raised, it was evident that the provider had responded to and acknowledged the complaints that had been raised. But at the time of the report, measures had not yet been taken to alleviate concerns to the satisfaction of people making complaints.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Residents told the inspector that they knew the staff team very well, and they felt they were supportive of their needs. The person in charge arranged regular staff meetings, to discuss key areas of care and support and the operation of the centre. Similarly, residents attended regular house meetings where they made plans about the centre and talked about things they wished to raise or discuss with their

peers or the staff team.

Overall, the provider and person in charge had effective governance and management systems in place, however further resources and actions were required to ensure an identified issue was resolved for the benefit of all residents.

### Regulation 14: Persons in charge

There was a full-time person in charge who had responsibility for the designated centre. The person in charge was suitably skilled, experienced and qualified in their role. For example, they had three years experience in a supervisory capacity in the area of social care services.

Judgment: Compliant

### Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well.

Planned leave or absenteeism was covered from within the permanent staff team or by temporary staff employed by the provider, to ensure continuity of care for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

There was a system in place for formal supervision of individual staff members and staff team meetings were held regularly.

Judgment: Compliant

### Regulation 23: Governance and management

While the provider had systems in place to identify areas in need of improvement, they did not demonstrate that they were adequately resourced to implement specific plans that would address an ongoing issue that was negatively impacting on residents' quality of life.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Office of the Chief Inspector of a planned absence of the person in charge, and had made arrangements for suitable oversight and operational management of the designated centre during this absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

While residents had been supported to raise complaints, through a user-friendly complaints process, the provider had not put required measures for improvement in place in a timely manner.

Judgment: Substantially compliant

## Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was very much a part of the local community and offered a comfortable and pleasant place to live.

Despite national restrictions, and the closure of external day services, the staff team in the designated centre were ensuring residents could engage in meaningful activities and had choice and control over their daily lives. For example, using local

amenities and facilities while following national guidance for physical distancing and hand hygiene, taking part in online learning and activities and spending time on art and craft projects or hobbies of interest from within the house.

Residents were provided with a homely place to live which was maintained to a high standard, with bright and spacious communal spaces, side and back gardens, individual bedrooms for residents and adequate number and type of toileting and washing facilities. The designated centre was located in a quiet estate, close to local amenities and community facilities. Residents were seen to come and go throughout the day, as they wished, and enjoyed walking to the local shops or services. The centre was close to local bus routes and transports routes in and out of the city centre.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals.

For the most part, residents appeared relaxed and happy in their home, and the designated centre was operated in a way that promoted every residents' choice and control. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. Safeguarding plans were put in place, to promote residents' safety. That being said, there remained an ongoing risk of verbal or psychological harm between peers which required further action from the provider to alleviate.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. Since the previous inspection, self-closing door holders had been installed on doors in communal areas, to ensure easy access for residents around the house, while also maintaining effective fire containment measures were in place in the event of a fire. The provider had given assurances that further doors would have these holders installed by the end of the year, but had made arrangements for these to be in place sooner, with plans agreed for July 2021.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were observed to use these throughout the day. Each staff

member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation.

Overall, this inspection found that residents were receiving a service that was promoting their independence and community involvement, was meeting their individual needs and was a nice place to live. However, residents were, at times, experiencing incidents that negatively impacted their quality of life, and this required action from the provider to adequately address.

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had access to online groups and learning and meaningful activities to take part in.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The premises were kept to a good standard of decoration and repair, externally and internally.

The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

This inspection found that any discharges from the designated centre had been done in a planned and safe manner. Arrangements for discharge were discussed, planned for and agreed with residents involved and decisions were made based on residents' assessed needs.

Judgment: Compliant

## Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had put in place a system to ensure medicine that was out of date, or no longer required was identified as such. There were procedures in place

for the safe return or disposal of out of date medicine.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported to achieve this need.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

While safeguarding plans and control measures for risks were implemented by the staff team to promote residents' safety, there was an ongoing residual risk to residents of verbal or psychological abuse until a longer term plan was put in place by the provider.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Rossmore OSV-0002404

Inspection ID: MON-0032245

Date of inspection: 19/05/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A DSSMAT was sent to HSE on the 14.10.20, and business case submitted on the 03.02.21, both requesting additional funding to support the resident who is causing concern in the centre. This funding would provide scope to transform part of the existing centre, together with a small extension into a self-contained unit.</p> <p>Meetings have taken place with HSE Disability Manager and Safeguarding team on 05.11.20, 19.03.21 and the 17.6.2021 to discuss additional funding to support the person causing concern in the centre.</p> <p>During the meeting on the 17.6.2021, the Director of Adult Services provided feedback from the recent HIQA inspection to the Designated Centre and requested that the funding application be escalated within the HSE.</p> <p>This will be further escalated when the Director of Adult Services and the Director of Operations of SMH attends a meeting with the HSE on the 25.6.2021 and will raise the funding request for the small extension to be approved.</p> <p>A risk register is in place in the centre and all red risks are identified and reported at the organisation’s Area Service Management team meeting &amp; Executive Management Team meetings monthly.</p> <p>The risks and behaviours of concern are discussed weekly with the centre’s service manager and clinical support is organised for the residents of the centre when required. They also form part of the agenda for PIC/ Service manager supervision and with Service manager/ Director of Adult Services supervision.</p> <p>The PIC, Service Manager and Principal Social Worker provide ongoing support to Service Users and staff. The Director of Adult Service's and the Designated Officer are also</p>	

available to all residents and staff in terms of support and information sharing.	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Three complaints remain open. The Director of Adult Services has written to the residents and provided them with up to date information on the steps been taken to resolve the concerns that they raised.</p> <p>The Director of Adult Services and the Director of Operations of SMH will be attending a meeting with the HSE on the 25.6.2021 and will raise the residents' complaints in this forum</p> <p>PIC has Sought support from the National advocacy service for residents. An independent advocate is meeting with resident 22.06.2021 to discuss ongoing compatibility issues within the centre.</p> <p>Senior Clinical Psychologist is available on a very regular basis to support all residents in the centre. This can be several times per week, when required. Residents can also self-refer through staff if they wish to speak to the Psychologist.</p> <p>The Director of Adult Services and the designated officer communicate with the residents (letters, visits &amp; telephone calls). They speak with all residents individually, acknowledging the difficulties being experienced in the centre and reassuring residents that their complaints and dissatisfaction is being taken very seriously.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A DSSMAT was sent to CH07 on the 14.10.20, and business case submitted on the 03.02.21.</p> <p>Meetings have taken place with CHO7 Disability manager and Safeguarding team on 05.11.20 19.03.21 and the 17.6.201 to discuss additional funding to support the person causing concern in the centre.</p> <p>During the meeting on the 17.6.2021, the Director of Adult Services provided feedback from the recent HIQA inspection to the Designated Centre and requested that the</p>	

funding application be escalated within the HSE due to the compatibility concerns in the centre

This will be further escalated when the Director of Adult Services and the Director of Operations of SMH attends a meeting with the HSE on the 25.6.2021 and they will raise compatibility issues within the centre and the measures required to ensure all residents are protected from all forms of abuse.

Safeguarding plans are in place and reviewed regularly with clinical input as required. Team will continue to support the residents and report any incidents in line with the safeguarding vulnerable person policy.

Team support residents with QQI course in relaxation off site in the evenings which is beneficial and offers the residents time away from the house.

Clinical staff are made aware of incidents so support can be offered and the St. Michael's House safeguarding policy is utilised, where required to support all residents following an incident.

A risk register is in place in the centre and all red risks are identified and reported at the organisation's Area Service Management team meeting & Executive Management Team meetings monthly.

A robust safeguarding policy is in place in St. Michael's House, it is utilised on a frequent basis in the centre to document, report and investigate (where appropriate) any allegation or suspicion of abuse in the centre. These are reported through the PIC/ Service Manager to the Principal Social Worker and Designated Officer in the organisation. These allegations are all screened and documentation is completed and available for review. All incidents are reported to the Local Safeguarding Team HSE and HIQA in line with regulations.

Training is completed by each member of the staff team to ensure each person is confident using the safeguarding policy to support all residents, in line with St Michael's House training policy. Bespoke training is also offered to the staff team by the Social Work dept., team training took place with the Principal Social Worker on the 17.02.21.

A Positive Behaviour Support Plan (PBS) is in place for the resident causing concern and these are reviewed regularly with the resident, PIC and Senior Clinical Psychologist. These are also discussed at staff meetings.

There are safeguarding plans in place for three residents in the house which will continue to be reviewed and updated on a regularly as required.

Senior Clinical Psychologist is available on a very regular basis to support all residents in the centre. This can be several times per week, when required. Residents can also self-refer through staff if they wish to speak to the Psychologist.

## 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 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.	Not Compliant	Orange	31/12/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/12/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2021