



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

## Issued by the Chief Inspector

Name of designated centre:	Grand Priory
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0002569
Fieldwork ID:	MON-0036638

## About the designated centre

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

This designated centre provides full-time residential services to five adults with intellectual disabilities both male and female over the age of 18 years. The centre is based in a small town in County Meath. The centre is a detached two story house with an independent living studio apartment also on the grounds. The main house has eleven rooms consisting of a kitchen, sitting room, office, utility room, four bedrooms three of which have en-suite facilities, one separate bathroom, one toilet with wash hand basin downstairs and a staff office upstairs. There is a patio area and garden to the back of the house and a small garden at the front. The studio apartment consists of bedsit, small kitchenette area and an en-suite bathroom. The person in charge also works in another designated centre and divides her time evenly between this centre and the other. Staff support the residents during the day and night. The centre has its own vehicle and access to other vehicles of the organisation if required.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 17 May 2022	10:30hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to five adults with disabilities and comprised of a detached house in Co Meath.

While residents reported that for the most part they were happy with the service, the premises were not suited for their stated purpose. The house was not of an adequate size to support five people and because of this, a number of compatibility and safeguarding issues were ongoing between residents. Additionally, residents rights to privacy and dignity in their own home were compromised because of this ongoing issue and, some of them were subject to ongoing verbal abuse from others.

The inspector met with four of the residents so as to get their feedback on the service provided. For the most part, residents reported that they were content in their home and, got on well with the staff team. One resident had been in day services earlier in the day and told the inspector they enjoyed the social activities provided there. For example, they liked to participate in table top activities and play bingo and other board games with their friends. This resident also invited the inspector to see their room, which was observed to be decorated to their personal style and taste. The resident also said that they were very happy with their room.

Another resident told the inspector that they had been horse-riding earlier in the day and said that they really enjoyed this activity. The resident was also happy for the inspector to see their room and told the inspector it was decorated the way they wanted it to be. This resident appeared to get on well with staff and was observed relaxed in the kitchen area chatting with staff on duty.

One resident liked football and informed the inspector that they would be watching the football on TV later in the day. They also appeared relaxed in their home on the day of this inspection and were observed to be comfortable in the presence of staff. Residents reported that they had a good social life and regularly went on social outings with the support of staff. One resident told the inspector that they liked to go to music events, concerts and comedy shows. They had recently been to a comedy show and said that it was great fun and they really enjoyed their night out. The resident also said that they would talk to staff if they had any issues in the house. They told the inspector that their current home was too small and they were aware plans were in place to move to a new bigger house. While they were excited about moving to their new home, they said they were unsure as to when this move would happen.

The inspector also observed that the premises were too small to adequately support five adults and as said earlier in this report, this had created a number of compatibility and safeguarding issues between residents. This issue was impacting negatively on residents rights to privacy and dignity in their home. The previous

inspection of this centre in November 2021 also identified that altercations between residents were as a result of there being insufficient space for residents to be in different rooms and areas of the house.

The provider had already self-identified this issue and, in their compliance plan from the previous inspection of this centre in November 2021, it was stated that residents would transition to a larger residential dwelling by June 2022. The inspector was informed on this inspection that the new facility had already been purchased and some preparatory work had been undertaken regarding transitioning residents to their new home. However, senior management also confirmed with the inspector that the new house would not be ready for occupation by June 2022 and, there was no definite date available as to when it might be ready.

Additionally, while the current house was found to be warm, clean and welcoming on the day of this inspection, the carpet required replacing throughout and, a section of the residents kitchen/dining room was being used as an office area for staff, due to lack of space in the house.

On the day of this inspection, the inspector observed that residents appeared relaxed, happy and content in their home and staff were observed to be warm, caring and person centred in their interactions with the residents. However, because the premises were unsuited for their stated purpose and due to ongoing compatibility issues between the residents, a number of issues were found with a number of the regulations assessed as part of this inspection process.

The following two sections of this report Capacity and Capability and Quality and Safety, discuss the above issues in more detail

## Capacity and capability

While residents appeared for the most part content in their home, the governance and management arrangements required review as the provider had failed to address an ongoing issue regarding the suitability of the premises in a timely manner or in line with the date agreed in the compliance plan submitted to HIQA from the last inspection of this centre in November 2021.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge was not present on the day of this inspection however, the assistant director of nursing (ADON) facilitated the process. It was found that the ADON was familiar with the assessed needs of the residents and provided leadership and support to the person in charge and staff team working in the centre.

The staffing arrangements were in line with the statement of purpose and were as described by the ADON. From speaking with two staff members the inspector was

assured they were aware of the assessed needs of the residents in their care. It was also observed that an issue regarding the need for nursing input and support for this centre (as found on the previous inspection) has been addressed and, a nurse was now working in the house on a regular basis.

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the social and healthcare-related needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, fire safety, safe administration of medication, manual handling and safeguarding of vulnerable adults. From speaking with two staff members over the course of this inspection, the inspector was assured that staff were knowledgeable of the resident assessed needs.

The assistant director of nursing was responsive to the inspection process and aware of the services legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required. They were also aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and detailed the facilities and services which were to be provided to residents.

The management team also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. In part, these audits were ensuring the service remained responsive to the regulations and in meeting the needs of the residents.

For example, the auditing process identified that staff were to attend training as required and in line with the training matrix. Some personal emergency evacuation plans also required review and, the directory of residents required updating. All these issues were addressed by the time of this inspection.

However, the governance and management arrangements required review as the provider had failed to address ongoing issues with the premises in a timely manner. The premises were too small and because of this, a number of compatibility and safeguarding issues were ongoing between the residents. Additionally, while safeguarding policies and procedures were in place, they were not always effective in ensuring residents were free from abuse in their home and, the annual review of the service for 2021 did not adequately pick up on this.

## Regulation 15: Staffing

The staffing arrangements were in line with the statement of purpose and as described by the ADON. From speaking with two staff members the inspector was assured they were aware of the assessed needs of the residents in their care.

Judgment: Compliant

### Regulation 16: Training and staff development

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the social and healthcare-related needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, fire safety, safe administration of medication, manual handling and safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements required review as the provider had failed to address ongoing issues with the premises in a timely manner. The premises were too small and because of this, a number of compatibility and safeguarding issues were ongoing between the residents. Additionally, while safeguarding policies and procedures were in place, they were not always effective in ensuring residents were free from abuse in their home and, the annual review of the service for 2021 did not adequately pick up on this.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and detailed the facilities and services which were to be provided to residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

Management were aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

## Quality and safety

Residents were facilitated to choose their daily routines and staff were observed to provide support in a person centred and caring manner. However (and as previously mentioned in this report), the premises were not suited for their stated purpose. The issues regarding the premises were also negatively impacting on residents rights to privacy and dignity in their own home, and had resulted in a number safeguarding issues between residents.

The social care needs of the residents were being provided for and, residents reported to the inspector that they enjoyed a good social life in the centre. For example, residents attended a day service where they had the option of engaging in a number of activities of their choosing to include table top activities, bingo, meeting friends and social outings. One resident told the inspector that they enjoyed nights out at music events, meals out and visiting family members. Another resident had been horse riding on the day of this inspection and said they really enjoyed this activity.

Residents were also supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. As required access to occupational therapy, speech and language therapy, audiology, dietitian and dental services also formed part of the service provided. Hospital appointments were facilitated as required and care plans were in place to promote continuity of care.

Access to mental health and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with two staff members over the course of this inspection, the inspector was assured that they understood the needs of the residents and had the knowledge to respond accordingly.

While systems were in place to protect the residents and safeguarding plans were in developed as required, the process of safeguarding required review. As already identified in this report, (and in the previous inspection of this centre in November 2021) altercations, safeguarding and compatibility issues between residents were as a result of insufficient space for residents to be in different rooms and areas of the

house. This issue remained ongoing at the time of this inspection and at times, some residents remained vulnerable to incidents of verbal abuse from other residents.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file. However, the process of risk management also required review. For example, one resident was required to have their fluid intake recorded on a daily basis, so as to manage a risk associated with a health-related condition. However, on review of this residents records, the inspector observed that at times, their fluid intake was not adequately recorded on their file.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were also observed wearing appropriate PPE on the day of this inspection and, there were adequate hand-washing facilities/hand gels available in the house. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

The premises were also observed to be clean, warm and welcoming however, they were unsuited for their stated purpose and, the carpet required replacing throughout. Additionally, a section of the residents kitchen/dining room was being used an office area for staff, due to lack of space in the house.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Systems were in place to promote the rights of the residents and residents reported to the inspector that they made their own decisions in the house (with staff support as required). They chose their own daily routines and agreed weekly menus between them. However, residents rights to privacy and dignity in their own home were at times compromised. As stated earlier in this report, there was insufficient space for them to be in different rooms and areas of the house and this had resulted in a number of compatibility and safeguarding issues between residents, with some of them being vulnerable to regular incidents of verbal abuse in their home.

## Regulation 17: Premises

The premises were unsuited for their stated purpose and at times, this issue was impacting on residents right to privacy and dignity in their own home. It had also resulted in a number of safeguarding issues between the residents. Additionally, a section of the residents kitchen/dining room was being used an office area for staff, due to lack of space in the house and the carpets required replacing throughout.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The process of risk management required review. For example, one resident was required to have their fluid intake recorded on a daily basis so as to manage a risk associated with a health-related condition. However, on review of this residents records, the inspector observed that at times, their fluid intake was not adequately recorded on their file.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were also observed wearing appropriate PPE on the day of this inspection and, there were adequate hand-washing facilities/hand gels available in the house.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required

Judgment: Compliant

### Regulation 6: Health care

Residents were also supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. As required access to occupational therapy, speech and language therapy, audiology dietitian and dental services also formed part of the

service provided. Hospital appointments were facilitated as required and care plans were in place to promote continuity of care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Access to mental health, emotional and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with two staff members over the course of this inspection, the inspector was assured that they understood the needs of the residents and had the knowledge to respond accordingly.

Judgment: Compliant

### Regulation 8: Protection

The process of safeguarding required review as at times, some residents were vulnerable to incidents of verbal abuse by other residents in their own home.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents rights to privacy and dignity in their own home were at times compromised. There was insufficient space for them to be in different rooms and areas of the house and this had resulted in a number of compatibility and safeguarding issues between residents, with some of them being vulnerable to regular incidents of verbal abuse in their home.

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 (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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Grand Priory OSV-0002569

Inspection ID: MON-0036638

Date of inspection: 17/05/2022

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure the physical environment supports compatible living arrangements for all residents management have worked with estates and purchased a larger dwelling which will require some structural changes to suit all resident’s needs and ensure an environment suitable for all residents conducive to all resident’s needs. This new dwelling will help promote compatibility issues and help reduce the incidents of safeguarding by creating an environment with larger living areas and more communal space whilst also offering larger bedroom areas and outdoor spaces</p> <p>These extra indoor and outdoor spaces will ensure that the premises supports a more pleasant living experience for all residents. A work plan schedule with associated timelines for the proposed works from design through to completion of the renovation phase is as follows;</p> <ol style="list-style-type: none"> <li>1. Design Stage (already complete) 4 weeks.</li> <li>2. Pre-planning Stage. 2 weeks.</li> <li>3. Planning Stage. 6 weeks.</li> <li>4. Fire Safety, Disability Access Certificate Stage (including preparation). 8 weeks.</li> <li>5. Tender Stage including cooling off and appointment of contractor (run parallel to stage 4 above)</li> <li>6. Commencement Notice. 2 weeks.</li> <li>7. Renovation Works Stage. 20 weeks</li> <li>8. Sign off on completion. 1 week</li> </ol> <p>Completion date for same is agreed as 31/03/2023 and residents will be moving to their new home.</p> <p>The annual review and the six monthly unannounced visits will include a renewed focus with a corrective action plan on any safeguarding matters or issues of incompatibility. Each safeguarding reported is reviewed and actions implemented to ensure all residents are safeguarded in line with our current policy. We will work with each resident to meet</p>	

<p>their needs to promote their privacy and dignity in their current home.</p>	
<p>Regulation 17: Premises</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The service have highlighted the unsuitability of this premises through the risk register since Quarter 4 of 2021. A new premises was purchased in January 2022. A timeline has since been developed regarding a required schedule of works. It is planned for the new house to be fully complete and for residents to move into by the 31st March 2023.  To ensure the physical environment supports compatible living arrangements for all residents management have worked with estates and purchased a larger dwelling. This house will require some structural changes to suit all residents needs and to ensure an environment suitable to meet the stated purpose and function of the centre.  This new dwelling will ensure more personal space is available for each resident with a choice of rooms and communal areas. The will promote rights, privacy and dignity of each resident and mitigate the risk of safeguarding concerns arising. Residents will have larger bedrooms in addition to greater communal and outdoor garden space. A new carpet will be provided throughout the current dwelling in the best interest of infection control to ensure floors are easily cleanable.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  One resident's care plan was amended following a review by the GP on 26/05/2022 to reflect the current care required for this resident. From this review it was agreed that a daily fluid intake recording system was not required and the care plan was updated to reflect the review which had taken place with the resident.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Each safeguarding reported is reviewed and actions implemented to ensure all residents</p>	

are safeguarded in line with our current policy. We will work with each resident to meet their needs to promote their privacy and dignity in their current home and ensured there are safeguarded at all times.

All staff have completed refresher training in Safeguarding Vulnerable Adults in line with the policy of the centre.

Helping me to stay safe, an easy read document is readily available to all residents and discussed with residents to encourage them to express any issues they may have.

Weekly residents meetings are held to provide a forum.

Detailed Positive Behaviour Support plans are in place for residents providing guidance for staff in supporting each resident.

To ensure the physical environment supports compatible living arrangements for all residents management have worked with estates and purchased a larger dwelling which will require some structural changes to meet the stated purpose and function of the centre. This new dwelling will help promote compatibility and help reduce the incidents of safeguarding by creating an environment with larger living areas and more communal space whilst also offering larger bedroom areas and outdoor spaces to all residents with an agreed move in date of 31/03/2023.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents rights is an agenda item at resident's weekly meetings. To ensure the physical environment supports compatible living arrangements for all residents management have worked with estates and purchased a larger dwelling which will require some structural changes to to meet the stated purpose and function of the centre. This new dwelling will help promote compatibility issues and help reduce the incidents of safeguarding by creating an environment with larger living areas and more communal space whilst also offering larger bedroom areas and outdoor spaces to all residents. The agreed date for residents to have moved into this new dwelling is 31/03/2023.

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2023
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	26/05/2022

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2023