



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

## Issued by the Chief Inspector

Name of designated centre:	Marian Avenue
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	21 September 2023
Centre ID:	OSV-0001839
Fieldwork ID:	MON-0032098

## About the designated centre

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

Marian Avenue can accommodate male and female residents from 18 years to end of life. The centre can accommodate a maximum of five residents with a moderate to severe to profound intellectual disability. Marian Avenue provides support for older persons and associated end of life care needs. Residents are supported by nursing staff and care assistants under the direction of a Person in Charge in delivering a person centred model of service provision. Marian Avenue is a modern purpose built residence located in Co Longford. The house comprises of a large kitchen/dining and living room area, five bedrooms, which have en-suite facilities. There are two further bathrooms one of which includes a fully accessible bath and another which has accessible shower facilities. Residents receive intervention through the community and primary care team from occupational therapy, physiotherapy, and speech and language therapy. Therapists working with residents in Marian Avenue are appropriately qualified and vetted. These staff support residents during assessments and reviews.

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

Number of residents on the date of inspection:	4
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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
Thursday 21 September 2023	11:10hrs to 18:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

At the time of this inspection, there were four residents living in the centre and the inspector met with two of them. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process.

The centre comprised of a large detached bungalow in a residential area close to a large town in Co. Longford. While the centre was purpose built to meet the needs of the residents the inspector observed that the it was clean, well maintained and spacious. For example, there was a relaxation room available to the residents and bedrooms were observed to be decorated to suit the individual style and preference of the residents.

There was a courtyard area to the front of the house which provided ample space for private parking and, there was a large private back garden area which was decorated with raised flower beds and garden furniture.

Three of the residents were at day services on the day of the inspection and, another resident was getting ready to go out for the day with 2:1 staff support. The inspector spoke to one of these staff members before they left with the resident. They said they they were going swimming with the resident, then for a drive and then have lunch out. The inspector observed that staff had training in human rights and, the staff member reported that this training was good in supporting them to reflect on the importance of the individual choices and preferences of the residents and, in ensuring those choices were respected. For example, they said that the resident choose their own daily routine each day and what social/recreational activities to engage in. They also said that they provided a number of sampling activities to the resident so as to better understand what their preferences were and what activities they liked best.

The inspector viewed a number of the residents person centred plans and observed that they were engaging in a number of social, recreational and learning activities of their choosing. For example, residents liked to go swimming, avail of equine therapy, attend yoga classes, go to the cinema, visit with family and friends, have lunch out, go to the local pub, attend concerts and go for walks. Some residents also liked to relax at home listening to their favourite music and watching television. The inspector also observed that other residents had completed a cooking programme/course and had engaged in a group art project.

Another staff member spoke with the inspector during the course of the inspection. They too had undertaking a training course in human rights and they explained to the inspector that the course provided a good opportunity to reflect more on the will and preference of each resident and that it was important to support them in achieving their goals.

One resident invited the inspector to view their bedroom later in the day. It was observed that their room was laid out to meet their needs and, was personalised to the their individual likes and preferences. For example, they had their own pictures and ornaments on display and, they told the inspector that they had chosen the decor and colours for their room. They also said that they were going to Kilkenny for a short holiday break in October and were looking forward to this. Additionally, they had been to London some time ago and said that they enjoyed sight seeing while there and went to a musical.

The four residents were supported by staff to provide written feedback on the quality and safety of care provided in the centre. Overall residents reported that they were happy in their home, happy with their accommodation (to include their bedrooms), happy with the menu options available and with the level of social activities provided. Residents also reported that they were happy with the staff team, they had no complaints about the service provided and felt their choices were respected.

Feedback from two family members was equally as positive. For example, family members reported that staff were very friendly and accommodating, the needs of their relative were being provided for, residents were supported to make their own choices and use the community, they felt safe in the service and that the house was comfortable. Another family member said staff were friendly and welcoming and that they have never had to make a complaint about the service.

Towards the end of the inspection process the inspector observed staff sitting with the residents in the sitting room watching television. Staff were observed to be kind, caring and person centred in their interactions with the residents and, were attentive to their needs. Additionally, residents appeared comfortable, at home and relaxed in the company and presence of staff members.

Overall this inspection found that staff were respectful of the individual choices and preferences of the residents and feedback from both family members and residents on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## **Capacity and capability**

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, a minor issues was identified with the contingency plans in place to ensure adequate staffing arrangements were in place at all times in the centre.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a regional manager and a team of staff nurses and care assistants.

The person in charge was employed on a full-time basis with the organisation and was a qualified nursing professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and 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).

They also ensured that staff were supervised and supported in their roles through the process of formal and informal staff supervision and, team meetings. From a small sample of documentation viewed, staff also had vetting and references on file as required by the regulations. Staff spoken with also had a good knowledge of residents' assessed needs and care plans

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. However, the provider contingency plans to manage unplanned leave required review as they were not always effective in ensuring that nursing staff cover was provided for.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, person handling, first aid and the safe administration of medicines.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in July 2023. On completion of these audits, action plans were developed to address any issues identified in a timely manner.

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of

this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified and experienced nursing professional and was found to be aware of their 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).

They were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters indicated that generally, there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

However, the providers contingency plans to manage unplanned leave required review as they were not always effective in ensuring that adequate nursing staff cover was provided for.

For example, on a number of occasions in 2023 the centre had to operate with no nursing staff present due to unexpected leave/absences. Taking into account the assessed medical needs of the residents this issue required further review so as to ensure there was adequate nursing staff cover provided in the centre at all times.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which



included;

- safeguarding of vulnerable adults
- fire safety
- person handling
- basic first aid
- safe administration of medicines
- medication management
- epilepsy (to include the administration of rescue medication)
- children first
- positive behavioural support

Additionally, staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

### Regulation 19: Directory of residents

An up-to-date directory of residents as required for the renewal of the registration was available in the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had systems in place to monitor and audit the service.

An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in July 2023.

On completion of these audits, action plan were developed to address any issues identified in a timely manner.

For example, the auditing process over 2022/2023 identified that some staff were required to participate in a fire drill, some documentation required updating, and additional overhead tracking hoists were required in some rooms. These issues had been actioned and addressed by the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had the written policies and procedures as set out in schedule 2 of the regulations available in the centre.

A number of polices at the time of this inspection had recently been reviewed and updated and, the person in charge was awaiting for those updated policies to be published and made available to the centre. These included:

- Child safeguarding procedures and practices

- Visitors policy
- Records management policy
- Supporting positive behaviour
- Restrictive practices policy

It was observed however, that some policies were due for review at the time of this inspection.

Judgment: Substantially compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. A minor issue was identified with the process of individual assessment and planning.

Residents' assessed needs were detailed in their person centred plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Additionally, residents were being supported to maintain contact with family and friends.

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents. Residents were supported to experience positive mental health and where required, had access to specialist behavioural support.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two open safeguarding plans however, they were being managed in line with policy and procedure. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Systems were also in place for the safe ordering, storing, administration and disposal of medicines. Additionally, one staff spoken with was able to guide the inspector through the protocol in place for the administration of a prn medicine.

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (en-suite) which were decorated to their individual style and preference.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (en-suite) which were decorated to their individual style and preference.

The premises were large and spacious and had a multi-sensory room available for residents to relax in.

The were also well maintained, clean, spacious, warm and welcoming. It was observed that some very small holes were observed in a bathroom wall however, when this was brought to the attention of the regional manager they assured the inspector this issue would be addressed.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a resident was at risk of falling, a number of control measures were in place to manage this risk to include:

- staff training in manual handling
- a falls risk assessment was in place
- overhead tracking hoists were also available
- adequate lighting was provided for

- floors were clutter free
- one resident had a bell where they could call staff if they required support

Additionally, for residents with significant health-related issues the following supports were provided

- blood pressure was monitored as required
- regular review by relevant allied healthcare professionals
- care plans were in place to guide and support practice
- staff nurse on duty to assess residents as required

It was observed that at times, a staff nurse was not available in the centre however, there was an on call system in place that staff could avail of as or if required if nursing support was needed. This issue was discussed and actioned under regulation 15: staffing.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection prevention control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control
- Hand hygiene
- Respiratory hygiene and cough etiquette
- Donning and doffing of personal protective equipment
- Standard transmission-based precautions
- Covid 19 assessment among people with disabilities
- Food safety

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place in the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place and, the centre had a part-time house hold staff on the roster for three hours each week.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include:

- a fire alarm system
- fire doors
- fire extinguishers and
- emergency lighting.

Equipment was being serviced as required by the regulations. For example, the fire extinguishers were serviced in June 2023 and, the fire alarm system and emergency lighting were serviced in August 2023.

From a small sample of files viewed, staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. It was observed that one two recent fire drills the residents evacuated the premises in less than two minutes and no issues were reported with all plans being followed.

The person in charge also assured the inspector that when the current vacancy in the centre was filled (there were only four residents living in the house at the time of this inspection), they would carry out a night time drill so as to ensure the centre could evacuate all residents in a safe and timely manner.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Systems were also in place for the safe ordering, storing, administration and disposal of medicines. Additionally, one staff nurse spoken with was able to guide the inspector through the protocols in place for the transcribing of medicines and for the protocol in place for the administration of of a prn rescue medicine.

The inspector observed that a number of drug-related errors had occurred in the centre in the earlier part of 2023. In response to this, the person in charge enhanced the auditing process, spoke about the issue at staff meetings and at individual staff supervision sessions and, had introduced a new system of using blister packs in the centre. It was observed that since these interventions in May 2023, there had been no more drug errors reported in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual person centred plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, residents liked to go swimming, avail of equine therapy, attend yoga classes, go to the cinema, visit with family and friends, have lunch out, go to the local pub, attend concerts and go for walks.

Some residents also liked to relax at home listening to their favourite music and watching television.

The inspector also observed that other residents had completed a cooking programme/course and had engaged in a group art project.

Residents also liked activities such as

- shopping
- boat trips
- going to the cinema
- going for drives
- availing of short holiday breaks/hotel breaks
- visiting an aquarium
- going to the zoo
- going to the hairdressers/barbers

Three residents also attended a day service where they met with friends and engaged in activities of interest. Some residents were also members of a club where they met up with friends on social outings and events.

Residents were also supported to keep in regular contact with their families.

It was observed however that aspects of the individual assessment and personal planning process required review. For example:

- Some person centred plans referring to COVID-19 and goals not being achieved required updating and review
- It was unclear from one resident's care plan as to when they had last been reviewed by an optician
- More guidance/information was required with regard to end of life care and wishes of the residents

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy services
- occupational therapy
- dietitian
- dentist
- chiropody

Additionally, each resident had a number of healthcare-related plans/protocols in place so as to inform and guide practice and one staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents.

Hospital appointments were also facilitated as required.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two open safeguarding plans however, they were being managed in line with policy and procedure.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- information on advocacy was available in the centre
- feedback from a family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to the residents
- there were no complaints about any aspect of the service on file for this service in 2023.

Additionally, from a small sample of files viewed staff had training in the following:

- safeguarding of vulnerable adults
- children's first



- open disclosure

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were involved in their personal plans and goal setting.

Staff were observed to be respectful of the individual choices and preferences of the residents.

Staff also had training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marian Avenue OSV-0001839

Inspection ID: MON-0032098

Date of inspection: 21/09/2023

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 3 new relief staff nurses have been employed and have commenced in post. The provider will continue to engage with agency to source staff nurses in the event there is no staff nurse available internally.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies have been reviewed and are available in hard copy in each location, and are also available online for staff to read and sign.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A review of the end of life policy will be completed to better guide staff while providing end of life care, including DNAR directives.	

Personal plans are being reviewed to ensure references to COVID 19 restrictions are removed, and the personal plans are a current true reflections of goals that are being or have been achieved.

Evidence is available that resident was supported to visit their optician in March 2022, this information has been added to personal plan

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	11/10/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	22/09/2023
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	15/10/2023

	<p>annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
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