Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lohunda Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	20 April 2022
Centre ID:	OSV-0003084
Fieldwork ID:	MON-0027642

About the designated centre

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

Lohunda Park is a community residential service providing accommodation for up to four residents with an intellectual disability over the age of 18. The centre is located in suburban North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The house is semi detached on a small cul-de-sac and comprises of five single occupancy bedrooms, one of which is used as a staff office and sleepover room. There is a kitchen, dining room, sitting room, downstairs toilet and a main bathroom upstairs. The staff team comprises of a person in charge and social care workers. Residents are supported by one sleepover staff and additional staffing is put in place in line with residents' needs and wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 20 April 2022	09:45hrs to 14:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector found, from speaking with residents and from what was observed, that there had been some improvements made across a number of regulations since the last inspection of this centre, however, there remained concerns about a number of matters including how residents were supported to manage their personal finances, governance and management, complaints management, and fire safety in the centre.

During the course of the inspection, the inspector met with and spent time listening to the experiences of three residents who were living in the centre. Two residents had recently moved into the centre and were enjoying the experience. Residents told the inspector that they were happy living in the centre and felt safe. They told the inspector about how they would raise concerns if they ever had any. Some residents were attending day services at the time of the inspection while others were planning on helping staff members with grocery shopping and other such activities. The residents met with appeared very happy in the company of the staff members who clearly knew them well including their communication methods.

It was clear that the residents had developed good relationships with the staff team who were talking about upcoming plans and events which were scheduled for the summer period.The staff members met with were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms before entering and by speaking about residents and their needs in a sensitive and respectful way.

The inspector found that there was a homely, relaxed and warm atmosphere in the centre at the time of the inspection. Residents were encouraged to live as independent lives as possible and to contribute towards the day-to-day operations of the centre through regular resident meeting which were held. These meetings typically included agenda items such as COVID-19, activity planning, fire safety, complaints, safeguarding, advocacy, organisation news, staff rosters, menu planning and open forum for questions and discussions. Each resident had an identified key worker appointed who they met with regularly on a one-to-one basis. One resident was working in a part-time capacity in a local supermarket while others were engaged in voluntary work and attended day services on a part-time basis also.

Overall, the inspector found continued mixed levels of compliance with the regulations during the course of this inspection. While residents were generally in receipt of good standards of care and support from the front line staff team, the registered provider had failed to ensure that there was appropriate oversight of the services being delivered in the centre. There was a lack of appropriate follow up to the non-compliances identified at the time of the last inspection and the inspector was not assured that the registered provider had adequate arrangements in place to self-identify and appropriately respond to deficits and requirements for improvement

as they arose.

There were specific concerns identified about the manner in which residents were supported to manage their personal finances. The registered provider was found not to have taken corrective action to reimburse residents for costs they wrongly incurred while living in the centre which included staff expenses, taxi charges and errors resulting from poor accounting practices. The approach in place to support some residents manage their money did not protect, respect or uphold their personal rights. 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 inspector found that while there had been improvements in some areas in the time since the last inspection of the centre, overall, there remained a need for improvement in oversight of the services delivered in the centre, the enhancement of governance arrangements to include the need for ongoing quality improvement, and an increased participation of the registered provider in the operation of the centre.

Despite the last report highlighting that there was an absence of effective management systems and an absence of effective leadership, the inspector found that this had not improved overall in the time since. For example, there remained limited oversight of the care and support provided in the centre on the part of the registered provider. A six monthly unannounced visit to the centre which was completed in November 2021 by a nominee of the registered provider identified only one action which related to person centred planning for residents and did not identify any requirement for improvement or development in any other area. In addition, the inspector found that no annual report for 2021 had been completed for the centre. As a result, the inspector was not assured that the registered provider could demonstrate an ability to self-identify non-compliance with the regulations or areas which required improvement in the centre or response to these matters in a timely manner.

While there was a clearly defined management structure in place in the centre, the inspector was not assured that the persons participating in the management of the centre, to whom the person in charge reported to, had an appropriate presence in the centre or provided an appropriate level of support to the person in charge. There was a clear need for the development and implementation of effective management systems to ensure improved oversight of the care and support being delivered to the resident group. It was clear to the inspector that the person in charge of the centre was motivated and committed to ensuring that the centre would come into compliance with the regulations, however, the inspector was not

assured that the registered provider was providing them with the appropriate supports to ensure that this occurred.

Regulation 15: Staffing

The inspector found that the number and skill mix of the staff team employed in the centre was appropriate to meet the needs of residents availing of its services. A review of a sample of staff rosters found that the allocation of staff members to the centre was in line with what was set out in the statement of purpose. There was, however, a significant reliance on agency and relief staff members in the centre. In the one month period reviewed, over 20 per cent of all staff hours worked were by agency or relief staff members. In a five week period sampled, nine different agency and relief staff were employed in the centre which demonstrated limited continuity of care and support for residents.

While there were staff rosters maintained in the centre, in some cases these documents did not contain required information. For example, planned rosters did not have recorded the names of staff members who were allocated to work planned shifts. In total, for a one month period reviewed, there were eight shifts which had not been covered by the registered provider which was a source of anxiety for residents and the core staff team employed in the centre. A review of a sample of staff files found that a number of requirements of Schedule 2 of the regulations were not available for the sample reviewed. This included qualifications or accredited training records and full employment history of staff members.

Judgment: Not compliant

Regulation 16: Training and staff development

While the core staff team employed in the centre were found to have completed all required training as outlined by the registered provider, the inspector found that there were a number of deficits in training when agency and relief staff members' training records were reviewed. Deficits included food safety and the safe administration of medication. In addition, the inspector found that there were no formal arrangements in place for the supervision of agency or relief staff who worked in the centre and across a number of other centres operated by the registered provider.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was an absence of effective management systems in the centre along with an absence of effective leadership. As a result, there was limited oversight of the care and support being delivered to residents, there was ongoing and repeated non-compliance with the regulations, and the inspector was not assured as to the registered provider's ability to self-identify deficits and non-compliance with the regulations or areas which required improvement in the centre or response to these matters in a timely manner. A number of actions outlined in the registered provider's compliance plan submitted in response to the previous inspection of the centre had not been completed or followed up on as committed to.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 21 April 2022) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the effective systems for the management of complaints were not in place in the centre. There was a complaints policy in place along with an easy-to-read complaints procedure to support residents who wished to make a complaint. The inspector found, however, that records relating to a complaint which had been made were not retained in the centre due to the complaint involving a staff member. There was no evidence of the investigation of the complaint, no record of any engagement with the complainant, or what the outcome of the complaint was.

Judgment: Not compliant

Regulation 4: Written policies and procedures

A review of Schedule 5 policies in place in the centre found that one policy had not been reviewed and updated within the previous three year period as required by the regulations. In addition, a policy on health and safety did not include information on food safety as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The inspector found that overall, residents were experiencing a good quality fo life while availing of the service of this centre. The care and support which they were in receipt of was of a good standard. Residents were supported to live active, meaningful and rewarding lives and held numerous valued social roles within their local community. There was, however, a clear need for improvement in a number of specific areas which included the manner in which residents were supported to manage their personal finances, ensuring that their rights were appropriately protected and respected, and improving fire safety arrangements within the centre.

There was clear evidence available to demonstrate that residents' social care needs were met through the supports provided in the centre. Residents told the inspector that they enjoyed engaging in a variety of activities and social outings and had developed and maintained good relationships with their families and friends. Activities which residents were supported to engage in reflected their abilities, needs, wishes and interests and it was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

The inspector found that residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. A review of incident, accident and near miss records found that there had been no reported incidents of a safeguarding nature in the centre in the time since the last inspection.

The inspector found that the personal rights of residents were not fully respected in the centre. This concern specifically related to the manner in which some residents were supported with the management of their personal finances. At the time of the last inspection of this centre it was found that residents' personal finances were used for staff expenses incurred while working in the centre. These included, for

example, takeaway meals and coffees. In addition, there were expenditures recorded on resident accounts which did not have corresponding receipts and in some cases hand written staff notes were used as receipts. In the compliance plan response submitted by the registered provider, they committed to completing an audit of the finances in the centre. When the inspector checked if this had been completed, it was found that a very brief review of a small number of sampled transactions was carried out. The audit was not comprehensive in nature and the inspector found that the identified staff related expenses incurred by residents had not been reimbursed to them by the registered provider. In addition, the sample audit completed by the registered provider identified that one resident had been incorrectly charged €600 for a 'fuel allowance' in April 2020 and this amount had also not been reimbursed to them by the registered provider.

Regulation 12: Personal possessions

While the registered provider had revised and updated their policy on 'management of the personal finances, property and possessions of the individuals the organisation supports' (December 2021), the inspector found that appropriate action on the part of the registered provider had not taken place to identify the extent to which each resident had been incorrectly charged for historical expenditure which included staff expenses, taxi costs, and other accounting errors. No action had been taken by the registered provider to reimburse residents for an incident of overcharging which they were previously aware of. There was evidence of some continued poor practice in the manner in which residents were supported with the management of their personal finances. For example, there were no receipts available for some expenditure, staff were found to have created hand written notes for other expenditure, and receipts continued to be shared across a number of residents.

Judgment: Not compliant

Regulation 17: Premises

The premises of the centre were very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation, which provided for a comfortable living environment for residents. The centre was accessible to those who were availing of its services and it met their needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide (dated 21 April 2022) was made available to the inspector who found that it contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare associated infections by adopting procedures consistent with current public health guidelines. The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. While there were fire containment measures in place in most areas of the centre as required, this did not include a door between the kitchen and a dining room and a door between the dining room and living room. The provider had not addressed this issue despite it being identified at the time of the last inspection.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of

residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured that the personal rights of some residents were appropriately protected, respected or upheld due to the manner they were supported with the management of their personal finances. There was evidence to demonstrate that residents had incurred expenses and expenditure of their personal monies incorrectly and no action had been taken on the part of the registered provider to calculate the financial extent of this expenditure or to reimburse the residents concerned. This, the inspector found, limited the freedom of some residents to exercise control over their personal finances and daily lives.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lohunda Park - Community Residential Service OSV-0003084

Inspection ID: MON-0027642

Date of inspection: 20/04/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure there is a planned and actual staff roster with named staff rostered on duty during the day and sleepovers and that it is correctly maintained. Where the use of relief/agency staff is required, the PIC will record these names on the roster, and residents will be informed of the staff working within the designated centre The nomine provider is currently reviewing staffing resources within the designated centre with the vision of allocating a relief panel to the designated centre this promoting consistency for the residents. The HR department will update Staff files in line with Schedule 2 of the Regulations.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC and PPIM will ensure that all staff within the Designated Centre have all training completed.The nominee provider has offered additional training in specific areas to agency staff. 26 additional training sessions have been offered to date to external agency staff. All staff within the designate centre will be supervised appropriately and the PIC will maintain a supervision schedule and records.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The nominee provider has ensured that there is a clearly defined management structure in place. A new service manager has being appointed to the service area, and has commenced in post.
The nominee provider has ensured 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. The PPIM and PIC have a schedule of monthly meetings for the remainder of the year to ensure governance and oversight of the designated centre.

The PIC has a schedule of supervison in place to ensure appropriate supervision of staff

A six monthly nominee provider inspection has been completed and actions will be agreed and actioned by the PIC.

The Provider will arrange a robust financial audit of accounts for this centre and send a report to service Manager. The PIC and staff in the centre will follow Policy 39. Discrepancy in relation to accidental overpayment of resident has being reimbursed to affected resident.

Director of Property Estates and Technical Services will review fire Containment in the Centre and report back to the provider. Further to receipts of reports the provider will ensure a plan will be developed to address the issues.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The PIC consults with the PPIM in Relation to all complaints which will also be discussed with the service manager and will be dealt with in line with the organisations compliants policy

PIC will maintain a compliant log with all outcomes being recorded.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The health and safety policy has an annex in place to give guidance on food safety.
There is a specific local guideline on food safety in place within the centre.
The provider will integrate the guideline into the policy on Health and Safety. This will be completed by 30-7-22.

The policy on Communication is currently under review and will be completed by the end of July 2022.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The registered provider's Finance and Audit sub-committee of the Board has sanctioned an audit of the historic expenditure within the designated centre. On completion of this audit, any recommendations regarding expenditure requiring reimbursement to residents will be implemented.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
30 Minute rated Fire Doors have been installed in 100 Lohunda Park to meet the requirements of the relevant code of practice FIRE SAFETY IN COMMUNITY DWELLING HOUSES CODE OF PRACTICE FOR FIRE SAFETY IN NEW AND EXISTING COMMUNITY DWELLING HOUSES D.O.E. September 2017 .The code requires the installation of Fire Doors to maintain protected corridors & Escape Stairways (Section 3.3.6 & 3.3.7). The doors between the kitchen & Dining rooms do not form part of the protected enclosures and therefore do not require to be fire rated.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector

that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All residents are supported to access independent advocacy service and the human rights officer in line with their wishes and preference. The PIC will ensure that a review of all residents financial capacity is completed.

The Policy has been reviewed and updated .The PIC will ensure that the policy is implanted and that all staff are adhering to the policy . The One Resident has been reimbursed regarding their duplicate payment.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Red	27/06/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/07/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	31/05/2022

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	06/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/07/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	15/06/2022

	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.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	29/06/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/06/2022

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2022
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.	Not Compliant	Orange	14/06/2022
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	14/06/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person	Not Compliant	Orange	14/06/2022

	maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	18/07/2022
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	18/07/2022
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic	Not Compliant	Orange	30/06/2022

	and cultural background of each resident.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/06/2022
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	30/06/2022