



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

Issued by the Chief Inspector

Name of designated centre:	SVC - BW
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0004028
Fieldwork ID:	MON-0030265

About the designated centre

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

The designated centre is made up of one unit and is based on a campus setting in North Dublin. It provides 24 hour residential supports for up to four residents with complex support needs. The centre is comprised of two areas one of which accommodates one resident. It contains a kitchen and dining room, a small sitting room, a bathroom and a bedroom. The second area of the centre accommodates three residents and contains a staff office, three resident bedrooms, a kitchen and dining room, a laundry room, a sitting room, and a bathroom. Both areas of the centre share an outdoor garden space. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, social care workers, staff nurses, and carers.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 October 2021	09:00hrs to 17:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, it was clear that the registered provider and person in charge had made improvements across a number of key areas which resulted in enhanced outcomes for the individuals who were availing of the services of this centre. In the time since the last inspection the registered provider had made structural changes to the centre and converted two small spaces into a kitchen and dining area for residents. In addition, there was evidence available to demonstrate a reduction in the number of restrictive practices in use and an increased ability for residents to move about their home and to live less restrictive lives. While there was good progress noted overall in the provision of a person-centred approach, the inspector found that there remained a number of areas which required further development and improvement to ensure compliance with the regulations.

This inspection was completed as part of a regulatory plan for this centre following a series of inspections and the issuing of a caution and subsequent warning letter to the registered provider as a result of poor inspection findings across a number of key regulations. Following this, the registered provider submitted assurances to the Chief Inspector which included the establishment of a governance action plan, the reduction in the size of the centre, the appointment of a person in charge and social care staff members, and investment in the premises of the centre to address the ongoing non-compliances.

During the course of the inspection the inspector met with all four residents for brief periods. Many of the residents were unable to verbally communicate with the inspector but appeared to be happy and relaxed within the environment of the centre. Some residents were attending day services for part of the time of the inspection while others were relaxing watching television and listening to music. One resident told the inspector that they felt "happy" when asked about living in the centre.

The inspector spoke with two family members of residents by telephone after the completion of the inspection. In both cases the family members expressed overall satisfaction with the services provided in the centre. They explained that they felt that their loved one were safe and happy in the centre and were in receipt of good care and support. One family member stated "we are very happy with the services" and their relative "liked going back there after weekends at home". The second family member explained that they were "happy with everything overall" but added that there was an "issue with the space available in the centre for residents" and added that residents were "curtailed due to the nature and layout of the building". Both family members were very complimentary of the staff team who were described as being "terrific" and "fantastic". One family member added that the staff team "go the extra mile for you every time" while the second family member stated they were "easily accessible and good at communicating with our family".

The inspector completed a full walk through of the premises of the centre in the company of the person in charge. There were recent renovations of the centre which resulted in the separation out of the spaces into two distinct living areas. This allowed for one individual to have a self-contained area which included a bedroom, bathroom, kitchen, dining room and sitting room. The remaining part of the centre provided for accommodation for three individuals and this reconfigured space provided for three resident bedrooms, a sitting room, a staff office, a kitchen and dining area, storage spaces and a bathroom. Overall, it was clear that this reconfiguration had resulted in an improved living environment for the residents and was more appropriate for their assessed needs, however, the inspector found that the space provided in the centre remained limited and was not appropriate for the long-term provision of residential services to the current number of residents it was accommodating. The registered provider had recently identified this and had commenced planning for the reduction in numbers of this centre and seeking alternative community based accommodation for some of the residents.

The inspector met with a number of members of the staff team during the course of the inspection. They reported that there had been improvements overall in the manner in which the centre was operated and concluded that it was a safer and more appropriate environment for the resident group. The staff members were observed to be kind and respectful in their interactions with the residents and provided care and support in a timely manner.

During the course of the inspection, the inspector reviewed the manner in which residents were supported to live active and meaningful lives. There was a decrease in the use of restrictive practices in the centre overall in the time since the last inspection and it was clear that residents have greater freedom of movement within the building. For example, residents could now access kitchen areas and drinking water should they wish to. Despite this, the inspector found that there was a need for greater oversight of the use of restrictive practices in the centre as it was not clear from the documentation reviewed in some cases how the restrictions had been monitored.

Overall, the inspector found that there had been improvements made in a number of areas in the time since the last inspection of this centre. There was some evidence of improvement in the lived experience of the residents, however, there was a ongoing need for the improvement of the social care supports being provided.

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 overall, there had been improvements made in the manner

in which this centre was operated. The findings of the inspection demonstrate improved levels of compliance with the regulations and there was evidence available to demonstrate ongoing quality improvement initiatives on the part of the registered provider. Despite this, there was a need for improvement across a number of key areas to ensure compliance with the regulations.

The centre was found to be appropriately resourced to meet the assessed needs of the residents availing of its services. There was a person in charge appointed who clearly understood their role and responsibilities as outlined in the legislation, regulations and national policy. The inspector found that the person in charge was committed to the ongoing quality improvement of the services being provided and ensuring that the centre came into compliance with the regulations. The management structures were clear, however, there was a need for the development and implementation of effective management systems to allow for greater oversight of the care and support being delivered. The registered provider had completed annual reviews and six-monthly unannounced visits to the centre as required by the regulations and was demonstrating an improved ability to self-identify many of the areas of non-compliance with the regulations which required improvement.

The inspector found that there was a stable workforce employed in the centre. The number and skill mix of the staff team employed in the centre was appropriate to meet the needs of the resident group who were availing of its services. It was clear to the inspector that there was good continuity of care and support which resulted in staff and residents developing good relationships. Staff members knew the residents and their individual support needs well including their means of communication.

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe practices. The inspector found that there were

satisfactory arrangements in place for the supervision of the staff team.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a need for the development and implementation of effective management systems in the centre to ensure that there was appropriate oversight of the care and support being delivered to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A sample of incident, accident and near miss records were reviewed by the inspector and it was found that those which required it had been notified to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. There was evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy read procedures on display in the centre to support residents or their representatives when making a complaint.

Judgment: Compliant

Quality and safety

Overall, while the inspector found that there had been improvements in the standard of care and support being delivered in the centre, there remained a significant need for the further progression of the quality improvement initiatives which had been initiated. The inspector found that the quality of the lives of the

residents availing of the services of this centre had improved in the time since the last inspection.

The inspector found that the social care needs of the resident group were not being appropriately met in the centre. From reviewing documents and speaking with staff members, it was clear that residents were not supported to access and develop connections with the local community. Activities available to residents were primarily centre and campus based and were generally not meaningful in nature.

The inspector also looked at activities which the residents were offered or supported to engage in on a day-to-day basis. While there was some evidence of options of meaningful activities for some individuals such as visiting family at home, attending day services and going for a walk on the beach, overall, the inspector found a need for significant improvement in this area. For example, on many days over the one month period reviewed the only activity recorded for residents was a drive in the service vehicle. In other cases the inspector found that no activities were offered to some residents for a number of successive days. When the personal goals which residents were working towards were reviewed there was little evidence, in some cases, that these were actively being considered or progressed. For example in one case a resident had goals of "cooking and baking", "making smoothies" and "making a sandwich", however, when the records for a one month period were reviewed, the inspector found that on no occasion had the resident been supported with any of these skills.

While there were systems in place to protect residents from experiencing incidents of a safeguarding nature, the inspector found that these were not always effective. There were minor recurring incidents of a safeguarding nature noted in records maintained in the centre and consideration had not been given to the compatibility of the resident group.

Regulation 13: General welfare and development

The inspector found that there remained an overall absence of access to facilities for occupation and recreation and for opportunities for engagement in meaningful activities. Residents, in some cases, were living isolated lives with minimal opportunity for involvement with their local community. The majority of activities offered to residents were campus or centre based and when activities did occur off-site these generally involved residents going for a drive on the service vehicle with staff members. The inspector found that there was a lack of opportunities for residents to exercise their rights to participate in the life of their local community.

Judgment: Not compliant

Regulation 17: Premises

While the physical environment of the centre had improved in the time since the last inspection, it was found by the inspector not to be appropriate for supporting the current numbers of residents in the longer term. There was limited space for residents to move about and a number of risk assessments reviewed by the inspector found that the registered provider had identified and recognised this. The inspector was informed that the registered provider was in the process of developing plans for two residents who were currently living in the centre which involved the provision of alternative off-campus accommodation.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that the arrangement of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents' involvement or inclusion in this process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the registered provider had not ensured that a number of areas of the centre were cleaned and appropriately monitored. This matter related to the behavioural support needs of some residents and while it presented unique challenges for the registered provider, the inspector found that appropriate responses were not in place to ensure a clean environment was maintained. A sample of cleaning checklists were reviewed and there were gaps noted across a number of key areas including high frequency touch points.

Judgment: Not 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 were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, the inspector found that there had been improvements made in the manner in which residents were supported with their behavioural support needs in the time since the last inspection. Support plans reviewed were found to provide appropriate guidance to members of the staff team on how to support residents with their behavioural needs. The inspector found that there had been a reduction in the number of restrictive practices in use in the centre. For example, residents could now open their windows and access kitchen spaces in both areas of the centre. The inspector found, however, that the oversight of the use of restrictive practices required improvement. Local analysis of the use of restrictions demonstrated an increase in use which was incorrect and did not reflect the day-to-day practice of the centre.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that there had been 12 alleged incidents of a safeguarding nature had occurred in the centre in the time since the last inspection. While these were generally of a minor nature, the inspector found that due their recurring nature, the safeguarding plans which were put in place were not effective in ensuring that residents were protected from experiencing such incidents. In addition, the inspector found that the compatibility of residents had not been considered or assessed in a safeguarding context.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, there was a reduction in the number of restrictive practices in use in this centre in the time since the last inspection. While residents generally had greater freedom of movement, the environment of the centre remained quiet restrictive. In addition, the inspector found that the privacy and dignity of residents was not maintained due to factors including compatibility of residents and the physical

environment of the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for SVC - BW OSV-0004028

Inspection ID: MON-0030265

Date of inspection: 13/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A daily visit or phone call will be made to the Designated Centre by the PPIM or assigned deputy. The PPIM will visit the centre minimum once weekly.</p> <p>The PPIM will attend MDT and restrictive practice review meetings .</p> <p>The PPIM will meet the PIC quarterly to review how residents are supported to engage in a meaningful day. The first quarterly review took place on 17th November 2021. The governance and oversight group consisting of members of the Senior Management team, the PIC and members of the MDT which is chaired by the ACEO remains in place. This governance oversight group is responsible for ensuring that all actions identified in the HIQA report are executed in line with agreed time frames, resulting in positive changes for the residents.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Each resident's individual needs and preference assessment (IPNA) is being reviewed and updated to determine their needs and preference in relation to their preferred leisure pursuits and what constitutes a meaningful day. As IPNAs are finalised a full MDT meeting including the person and/or their representatives will take place to support the development of an action plan for each person based on the findings which will be incorporated into the personal plan. This will be completed by 28th February 2022.</p> <p>Each residents personal plan is being transferred to a new template which will accurately reflect the persons identified needs and clearly outline the unique supports of each resident in the centre. This will be completed by 28th February 2022.</p>	

The PIC will ensure that staff clearly document how residents are supported to engage in meaningful activities/opportunities. This will be in place from 30th December 2021.

Access to day service supports for occupation and recreation in accordance with residents expressed wishes and preferences as per their IPNA is provided. The PIC will work with the day services staff team to ensure that opportunities for community engagement and community links for residents is supported and accurately documented.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has identified in line with Individual Needs and Preference Assessment that two residents would benefit from alternative living accommodation in a community setting. The organisation is working closely with the HSE and their housing association as part of a decongregation plan to identify a suitable premises and to secure the necessary funding.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The registered provider has provided food safety training to all staff. All residents are now receiving MDT input to support them in participating/increasing their culinary skills. The PIC had outlined plans to the inspector that were in progress to support residents to participate in shopping and cooking their meals in the newly refurbished kitchen. This is happening in an incremental way to enable residents adjust to the change. This will be fully in place by 30th January 2022

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The PIC has reviewed and updated the existing cleaning schedule to increase the number of daily checks in one area of the designated centre – a risk assessment has also been complete in relation to cleaning schedule specific to one persons living area

Weekly audits of cleaning schedules will be carried by the PIC/deputy.

The PIC has discussed the importance of maintaining high standards of infection control and hygiene in the designated centre as part of regular staff meetings.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All restrictive practices have been reviewed in line with the organisations policy using a

human rights based approach with appropriate restrictive reduction plans in place as agreed by the MDT . Documentation and recording of restrictive practice meetings and agreed reduction plans has been reviewed to ensure it is concise clear and accurately recorded to reflect current practice. A number of restrictions have being removed.

A human rights officer has been appointed by the organisation and will support the MDT to further review remaining restrictive practices and to ensure that any restrictions in use are justified and proportionate to the needs of residents and for the shortest duration possible.

The centre has an updated restrictive practice register that will be reviewed and updated monthly to reflect the most current support needs of each resident.

This register will be reviewed monthly by PIC ,PPIM and Senior Psychologist to ensure that any restrictions in use are justified and proportionate to the needs of residents and for the shortest duration possible in line with the organisation’s policy. The first review occurred on 11th of November and monthly thereafter.

Training on positive risk enablement has been provided to the PIC, PPIM and keyworkers.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC/PPIM and Social Worker review safeguarding plans in place on a regular basis to ensure that residents are safeguarded.

The registered provider has identified further to Individual Needs and Preference Assessment that two residents would benefit from alternative living accommodation in a community setting. The organisation is working closely with the HSE and housing association as part of a decongregation plan to identify a suitable premises and to secure the necessary funding.

This has also been referred to the organisations Admissions,Discharge,Transfer committee and is kept under review

A referral has been made previously to the National Advocacy Services for support for the residents in relation to their rights and their living environment however meetings had not been facilitated for all residents due to Covid restrictions. The Social Worker will follow up with National Advocacy Services and request a review of referrals for the individuals for whom there are safeguarding concerns identified.

The PIC will ensure that supports and structures in the centre protect against safeguarding occurrences in so far as possible and the staff team are trained in and familiar with safeguarding procedures.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider has identified that two residents require alternative housing. The registered provider is actively seeking potential properties that meet the support needs of both residents. Referrals have being made to the local housing authority and the organisations own housing association.

The Registered Provider will ensure that residents are supported to exercise choice and support over their daily lives in line with their needs, wishes and preferences which will be clearly documented in personal plans.

The organisation has appointed a human right officer to work with frontline staff, MDT members and Managers. The human rights officer will review the systems and supports in the designated centre and make recommendations to the PIC on how to ensure the rights of residents who live there are upheld. This will be completed by 28th Feb 2022

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	28/02/2022
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	28/02/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	28/02/2022

	accordance with their interests, capacities and developmental needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	28/02/2022
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.	Substantially Compliant	Yellow	01/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/10/2022
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if	Substantially Compliant	Yellow	30/01/2022

	they so wish.			
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/12/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Not Compliant	Orange	31/12/2021

	practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2021
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	28/02/2022
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.	Not Compliant	Orange	28/02/2022