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:	Piercetown
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0007841
Fieldwork ID:	MON-0036669

About the designated centre

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

The is a service providing residential care and support for up to five adults with disabilities. The house consists of seven large bedrooms, a large sun room, a sitting room/TV room (with additional space for a relaxation area), a large fully equipped kitchen cum dining room, a separate dining room a utility facility and a large communal bathroom. Each resident has their own large en-suite bedroom. The house is situated on its own private grounds with private parking facilities to the rear and side of the property. The house is staffed on a 24/7 basis by a person in charge, a deputy centre manager, a team leader and a team of support workers. The overall aim of the service is to provide a safe, caring, supportive, thoughtfully created environment that respects the individual rights, meets the individual needs and maximises personal development, autonomy and independence of the residents.

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
Thursday 7 April 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, it was evident that the residents had a good quality of life in which their independence was promoted. Although some areas for improvement are highlighted later in this report, overall governance and management systems in place ensured that the residents received positive outcomes in their lives and the delivery of a safe and quality service.

The inspector met briefly with each of the four residents living in the centre. The inspector observed warm interactions between the residents and staff caring for them. On the morning of inspection one of the residents was taken out for the morning on a shopping trip. Two of the residents were attending their day service programme for a portion of the day whilst the fourth resident was taken out on activities by their dedicated day support worker. The residents met with were reluctant to engage with the inspector but appeared in good spirits. Staff members were observed to respond to their verbal and non verbal requests in a kind and respectful manner.

This centre was first registered as a designated centre in September 2020 and each of the four residents subsequently transitioned to the centre. A number of the residents had previously lived together in another centre operated by this provider. It was considered that overall the residents were compatible with each other. However, as discussed later in the report the behaviours of a number of the residents on occasions could be difficult for staff to manage in a group living environment and this had the potential to have a negative impact on individual residents.

The centre was found to be comfortable, homely and overall in a good state of repair. However, the surface of some surfaces on presses in the kitchen appeared worn and broken in areas, some chipped and worn paint on the walls around the window in the kitchen, the wall tile grouting behind the sink in the kitchen appeared worn and stained, and there was brown staining on a carpet in one of the residents bedrooms. This meant that these areas could be more difficult to clean from an infection control perspective. A number of areas in the interior of the centre had recently been re-painted and other refurbishment work was planned. There were a number of good sized communal areas, including a kitchen, separate dining room, sitting room and a conservatory. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted residents' independence, dignity and recognised their individuality and personal preferences. The centre was located in a rural setting. There was a good sized garden surrounding the centre for residents to use. This included a trampoline, potted plants, climbing frame, basketball hoop and seating area. The centre layout was suitable to meet the needs of the residents.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of

their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. In line with national guidance regarding COVID-19, residents had reengaged with a range of activities in the community and visiting in the centre had been re-established. Posters displaying individualised rights for each of the residents were on display in the centre. Residents had access to independent advocates if required.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with residents and their representatives as part of its annual review of the quality and safety of care. These indicated that overall they were happy with the care being provided in the centre.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff was observed. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were observed to reassure and support a resident who was concerned about a personal matter. The residents met with appeared to be in good form. Residents were observed to access various areas in the centre and the garden.

There was one staff vacancy at the time of inspection. This position were being covered by a regular panel of relief staff. A number of new staff had recently handed in notice of resignation so recruitment was underway for all these positions. Overall, there were a number of staff who had been working in the centre for an extended period. Two staff had transitioned to the centre with one of the residents who had been admitted to the centre from another centre operated by this provider. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. Staff spoken with outlined that they enjoyed working with the residents and felt supported in their role.

Residents were supported to engage in meaningful activities in the centre. Three of the four residents had a formal day service programme which they attended. The fourth resident had an individualised service provided for them from the centre. It was felt that the latter met this resident's individual needs better. Examples of other activities that residents engaged in included, zumba dance class, arts and crafts, swimming, listening to music, cinema, bowling, walks to local scenic areas and beaches, board games, sensory toys and meals out. A number of residents were planning a trip to a mini music festival which it was reported that they were looking forward to. A weekly activity schedule was in place. Key working sessions were being completed with each of the residents.

The next two sections of this report present the inspection findings in relation to

governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were appropriate management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, it was noted that staff, although wearing surgical face masks, were not wearing the appropriate medical grade face mask in line with the national guidance at the time of this inspection.

The centre was managed by a suitably qualified and experienced person. She had taken up the position in November 2021. She presented with a good knowledge of the assessed needs and support requirements for each of the residents, and of the regulatory requirements. The person in charge held a degree in social care practice and a certificate in management. She was in a full time position and was not responsible for any other centre. Staff members spoken with, told the inspector that the person in charge supported them in their role and was a good leader. The person in charge reported that she felt supported in her role and had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a deputy manager and a team leaders. The person in charge reported to the service area manager who in turn reported to the director of care. There was evidence that the service area manager visited the centre at regular intervals and completed audits on these visits. The person in charge and service area manager held formal meetings on a regular basis.

An annual review of the quality and safety of care and six monthly unannounced visits as required by the regulations had been undertaken. There was evidence that the person in charge had undertaken a number of audits and other checks in the centre on a regular basis. Examples of these included, medication practices, integrated care folders, key working audit, fire safety, health and safety, centre manager report, daily and monthly management checks, and staff files. There was evidence that actions were taken to address issues identified in these audits and checks. There were monthly staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. There was one staff vacancy at the time of inspection and three others expected. Recruitment was underway for these positions. The vacancies were being filled by a regular pool of relief staff. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Staff had attended all mandatory training and dates were scheduled for upcoming training. There was a staff training and development policy. A training programme was in place and coordinated by the providers training department. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspectors reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and to be of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There was one staff vacancy and three others expected. However, recruitment was underway for these positions, with one of the positions being in the final stages of recruitment. The positions were being filled by a regular panel of relief staff. This provided consistency of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended mandatory training. Suitable staff

supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. An annual review to review the assess the quality and safety of care had been completed. The provider had completed unannounced visits on a six monthly basis to review the quality and safety of care.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights. However, the behaviours of a number of residents were on occasions difficult for staff to manage in a group living environment and had the potential to have a negative impact on other residents.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Three of the four residents attended a formal day service programme. The fourth resident had a personalised programme provided for them in the centre which it was felt better met that residents needs. Personalised care and support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place had been reviewed with the involvement of the individual resident's multidisciplinary team, the resident and their representatives. The effectiveness of the plans were assessed as part of a review as required by the regulations. Health action plans were place for residents identified to require same. Specific goals were identified for residents. Records were maintained of session planning to achieve

goals with goal setting work sheets and one to one meetings to record progress in achieving identified goals.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Post incident reviews were completed for all incidents. This promoted opportunities for learning to improve services and prevent incidences.

Overall, suitable precautions were in place against the risk of fire. However, there had only been one fire drill completed with a resident who had transition to the centre four months earlier. The resident had refused to engage in the fire drill at that time but no other drills had subsequently been completed with the resident. Fire drills involving the other three residents were undertaken at regular intervals. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training.

There were procedures in place for the prevention and control of infection. However, the surface of some surfaces on presses in the kitchen appeared worn and broken in areas, some chipped and worn paint on the walls around the window in the kitchen, the wall tile grouting behind the sink in the kitchen appeared worn and stained, and there was brown staining on a carpet in one of the residents bedrooms. This meant that these areas could be more difficult to clean from an infection control perspective. It was also identified that staff, although wearing surgical face masks, were not wearing the appropriate medical grade face mask in line with the national guidance at the time of this inspection. A COVID-19 contingency plan had been put in place. The inspector observed that areas appeared clean. A cleaning schedule was in place which was overseen by the person in charge and deputy manager. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals. The centre had completed a post outbreak review following an outbreak of COVID-19 in the centre some months previously so as to identify leanings.

There were measures in place to protect residents from being harmed or suffering

from abuse. However, the behaviours of a number of the residents were on occasions difficult for staff to manage in a group living environment. There had been a number of peer to peer incidents in the preceding period. This had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre. Overall, it was noted that allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended appropriate training. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. Overall, there was evidence that alternative measures were considered before using a restrictive practice and that the least restrictive practice was used for the shortest duration. Behaviour support plans for each of the residents had been reviewed by the provider's behaviour therapist. The plans put in place provided a good level of detail to guide staff in meeting the needs of the individual resident. There were documented individual rules and expectations for the residents.

Regulation 17: Premises

The centre is comprised of a large detached house, located in a rural setting. The building is set on a large landscaped site. The house was found to be homely, suitably decorated and overall in a good state of repair. However, there were some worn and broken surfaces which had implications from an infection control perspective as referred to under Regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, the surface of some surfaces on presses in the kitchen appeared worn and broken in areas, some chipped and worn paint on the walls around the window in the kitchen, the wall tile grouting behind the sink in the kitchen appeared worn and stained, and there was brown staining on a carpet in one of the residents bedrooms. A COVID-19 contingency plan had been put in place which was in line with the national guidance. However, it was noted that staff, although wearing surgical face masks, were not wearing the appropriate medical grade face mask in line with the national guidance at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, suitable precautions were in place against the risk of fire. However, there had only been one fire drill completed with a resident who had transition to the centre four months earlier. The resident had refused to engage in the fire drill at that time but no other drills had subsequently been completed with the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for the residents. An emergency transfer sheet was in place with pertinent information should a resident require

unexpected transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same. It was noted that compatibility issues were at times, difficult to manage in a group living environment. However, incidents were overall being managed well by the staff team. There was a restrictive practices register in place which was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a number of residents were sometimes difficult for staff to manage in a group living environment and this had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. It was noted in comments from a survey completed by the provider with relatives, that parents felt their child's rights were being promoted by the care provided in the centre. Posters displaying individualised rights for each of the residents were on display in the centre. Residents had access to independent advocates if required.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Piercetown OSV-0007841

Inspection ID: MON-0036669

Date of inspection: 07/04/2022

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: There are daily cleaning and sanitation schedules completed by the Care Team and reviewed by Centre Management. A weekly environmental audit is completed by Centre Management in relation to infection control and maintenance of the property and furnishings. Any actions from this audit are sent to senior management for review and are actioned by the organisation's Maintenance Team. Quarterly self-assessments are completed by the Centre Manager utilizing the infection prevention and control community standards self-assessment tool and HSE Infection Prevention and Control Checklist for Residential Care Facilities. A suitable flooring is currently being sourced for resident's bedroom which will allow adequate cleaning and sanitization of same. Once available will be fitted immediately. In the interim a professional deep clean has been arranged and the cleanliness of the room will be maintained by the Care Team. A list of required maintenance work in the kitchen area has been submitted for review and action. This will be scheduled as part of bi-weekly Maintenance Meetings, chaired by Operations Manager and attended by Service Management, Director of Care and the Maintenance Team. This has been scheduled for the 24/05/2022. Medical Grade FFP2 Masks have been made available to all Centre Care Team Members following a direction from a Manager's Meeting on 22/04/2022.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

There are weekly, monthly and six-monthly fire checks in place that are completed by the Care Team and reviewed by Centre Management. These include maintenance of fire equipment, testing fire alarms, reviewing emergency exits.

Resident's Personal emergency evacuation plans are reviewed regularly by the Centre Management.

All CTM are trained in fire safety and work has been completed with the residents in relation to fire safety and evacuating in case of an emergency. A team fire training is taken place on the 18/05/2022

There is a Centre emergency evacuation plan in place. The nearest exit routes are identified throughout the Centre and the assembly point is clearly identified outside of the Centre.

The resident has completed two successful fire drills on the 26/04/2022 and 13/05/2022. Resident's new PEEP is currently being developed to reflect same and will be completed by the 30/05/2022

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Each resident has a routine support plan, behavior support plan, risk management plan and situation plan in place. They are reviewed regularly and updated as required. All resident's support plans have been reviewed and updated on the 18/05/2022.

All incidents are reported to resident's placement supervisors the next working day. All significant event notifications are reviewed by Centre Management, Service Manager, Director of Care and CEO in real time to ensure incidents are responded to and managed effectively.

This is part of the SEN governance process to ensure all actions and follow up are noted and completed. Post Incident Reviews are completed where required so that collective learning can occur, allowing for a better understanding of resident's behaviours. This in turn helps Care Team Members to better support Resident's effectively to reduce the likelihood of incidents and impact on peers. Resident's Support plans are reviewed as part of this process and update where necessary.

All peer-to-peer incidents are reported to the Safeguarding and Protection Team, placement supervisor and HIQA, and any learnings are shared with Care Team Members and updated in the resident's support plans.

Peer impact is also reviewed regularly by senior management, is an agenda item at team meetings, and with Care Team Members during individual supervision sessions.

Peer impact is discussed regularly with residents through individual 1:1 sessions and at resident's meetings which occur on a monthly basis.

All Care Team Members have completed adult safeguarding and child protection training.

All residents have an intimate care plan in place that details the support required when providing intimate care and safeguarding measures in place. Intimate care plans are being updated and inputted into new format, this will be completed by 30/05/2022

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 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.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	30/05/2022

	aware of the procedure to be followed in the case of fire.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/05/2022