



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

Issued by the Chief Inspector

Name of designated centre:	Delta Hazel
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	03 October 2023
Centre ID:	OSV-0007990
Fieldwork ID:	MON-0032568

About the designated centre

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

Delta Hazel is a designated centre located close to the town of Carlow. The centre can provide residential care for five adults, male and female, with intellectual disabilities aged 18 years and upwards. The centre comprises three separate buildings, all located in residential areas. Residents have individual bedrooms, and can access kitchens, living areas and outdoor garden space. Local amenities in Carlow include shops, cafes, restaurants, salons, GAA clubs and a cinema. Delta day service and sensory gardens are located close by and are available for residents if this is their preference. The staffing team consist of senior social care workers, social care workers and support workers. Residents also have access to a staff nurse in the Delta centre if needed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 October 2023	08:50hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection completed by one inspector across a one day period. The purpose of the inspection was to inform the registration renewal decision in relation to this centre. Overall the findings of the inspection indicated that positive outcomes were noted for residents and they were happy and comfortable in their home. However, some improvements were required across a number of Regulations to ensure compliance. This included improvements in healthcare, medication management, complaints procedure and communication care plan. This is discussed further in the relevant sections of the report.

The designated centre comprises three separate homes all located a couple of kilometers away from each other. Each house was closely located to a large town in Co. Carlow. The inspector visited all three homes and met with two of the three residents that lived in the designated centre. The designated centre had capacity to provide care for up to five residents. On the day of inspection three residents availed of full-time residential care. Each resident lived separately in their own individual home.

The two residents that the inspector met, were happy to have conversations around the care and support they received. In addition to speaking with residents, the inspector spent time reviewing documentation in relation to care needs, observing staff supports and spoke with the staff and management team to get a sense of what it was like to live in the centre.

The first home visited by the inspector was a detached bungalow in a residential area. The resident was standing at the window and waved at the inspector. They welcomed the inspector in and were happy to sit and chat with the inspector. The resident spoke about their plans for the day which included attending their day service, going for a coffee, going shopping and getting a take-away meal. They stated that they like living in the house. They spoke about their previous home which had a bath and that they had no bath currently. They stated they sometimes missed having a bath. The resident seemed very comfortable in their home, and easily chatted with the staff present. They spoke about the staff team and who was coming into support them. The resident asked a staff member if they could call a family member and the staff member was seen to use the house phone to dial the person's number and give the phone to the resident. Later in the morning the resident left for the day with the staff member.

The inspector reviewed some key documentation in relation to the resident's care and support needs. It was evident that an individualised service was provided to the resident. The resident had daily and weekly visual planners present in the kitchen and was able to tell the inspector their routine, for example they liked to visit a large shopping centre in a nearby town and the resident completed this trip every Friday. A sample of resident meeting notes was reviewed. The resident had a meeting with staff members on a weekly basis to discuss meal choices and preferred activities and

upcoming events in the home. The resident meeting notes had documented day trips to sea side towns, shopping, visiting family and friends, going out for coffee and learning new skills such as taking public transport.

The inspector completed a walk around of the home. The resident had their own bedroom with en-suite facilities and access to a kitchen/living room area. Outside there was a decking area that the resident could access. Additionally in the home, there was a main bathroom and a room allocated for staff sleepovers/office space. Although the space was compact it was well organised and was suitable for single occupancy care. It was warm, homely, clean and well presented. The resident had pictures of family and friends displayed throughout the home. They had a pet goldfish and told the inspector that the staff helped clean and feed it on a regular basis. Recently some work had been completed in the kitchen area to bring it up to appropriate infection prevention control (IPC) requirements.

The second home visited by the inspector was a two-storey detached home in a residential area. Again, this designated centre was providing full-time residential care for one resident. On arrival at the home the resident had left for the day. Although, the inspector had asked to meet with this resident, due to their individual needs the staff team had to avail of all opportunities for community access that the resident initiated. The inspector was informed that the resident had indicated they wanted to go out and a day trip to Cork was planned.

The resident in this home had access to a downstairs bedroom which had a large en-suite, a large sitting room and kitchen/dining area, a utility room and a small bathroom. Upstairs there was an empty en-suite bedroom, a sensory room, a second living room, and a space allocated for staff use. The house had pictures of the resident and family on display in their bedroom and communal area with lots of preferred items, games and activities available in the home. Some evidence of visual supports being used was also noted. For example, pictures were displayed on the resident's wardrobe of where items of clothes were stored. Again the home was very clean and well presented.

The resident in this home had transitioned in approximately one year prior to the inspection. Staff reported that they seemed well settled and the year had been spent establishing new routines for the resident. This was the resident's first residential placement. Activities in the community were still being explored for this resident. The staff reported how the resident had successful visits to health related appointments. Family connections were important to the resident and this was encouraged with regular family visits to the centre occurring.

The third home was visited in the late afternoon when the resident had returned from day service. The resident was eager to meet with the inspector and show them around their home. The resident sat and spoke with the inspector for a period of time. They had a very busy active life where independent skills were being encouraged and facilitated. The resident spoke about spending time in the home without supervision, walking and taking public transport independently. They were completing a course and had course work to complete in the evening. They stated they were very happy in their home, staff support was good and they had onus over

their own routines and relevant decisions. They enjoyed many different types of activities such as soccer, bowling, gym, day service, family visits and spending time with friends. They stated they could have their friends over to visit at any time. They were very involved in the centre, and spoke about preparing their own meals, completing day-to-day chores, picking paint colours and decorating rooms to their individual taste. They explained in detail what they would do in an emergency in the absence of staff support. They had a mobile phone with all relevant numbers saved and knew who to contact when needed. They understood the importance of fire drills and could explain how they would evacuate the building in an event of a fire. They also knew who to contact if they had a complaint.

The resident showed the inspector around their home. The resident had access to a kitchen area, a sitting room, an en-suite bedroom and a games room which the resident referred to as their 'man cave'. There was a room assigned to staff and a main bathroom. All areas of the home were very clean and well kept. The resident explained how they did not like any items displayed in their room opting to display preferred items and posters in their games room. The resident freely moved around the home and appeared very comfortable and content. They initiated conversations with the inspector and staff team and spoke about clothes they had recently bought.

Residents within the designated centre were supported by a team of senior social care workers, social care workers and care assistants. Nursing care was also available as required. Staff interactions on the day were in line with each resident's specific assessed needs, kind and professional. A number of staff within the organisation had completed training in relation to Human Rights. Staff spoken too had good knowledge of residents rights to make decisions and choices. For example, a staff member spoke about a resident's right to refuse medication and how this was addressed in line with their assessed needs and relevant processes. A second staff member spoke about the importance of a resident making their own decisions around aspects of care and support. They provided examples on how they were supporting the resident to attend health related appointments independently.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and to contribute to the decision-making process for the renewal of the centre registration. The inspector found that this centre met the requirements of the Regulations in many areas of service provision. However improvements were required in relation to the documentation process of complaints.

There was a suitably qualified and experienced person in charge who had oversight of another designated centre in addition to the current centre. This person in charge

was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The person in charge directly reported into the residential manager. Senior social care workers supported the person in charge in the operational management and administration of the designated centre.

There were sufficient staff in the designated centre to provide care and support to the residents. Staff support was allocated according to residents' assessed needs. There were no staff vacancies in the centre. A small number of regular agency staff were being utilised in one home to ensure sufficient staff were in place. Agency staff were always working with a core member of the staff team.

An up-to-date statement of purpose was in place in the designated centre. The statement of purpose was found to contain much of the information as required by Schedule 1 of the regulations. One small addition was required to this document and this was completed on the day of inspection.

A training matrix was maintained which accurately reflected the training completed by the designated centre's staff. The majority of staff had completed mandatory training in areas including fire safety, safeguarding, managing behaviour that is challenging and medication management. A small number of staff required training in managing behaviour that is challenging and this was booked to be completed over the next two weeks.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. There was an established staff team in place which ensured continuity of care and support to residents. Regular relief staff were utilised to cover staff leave and occasionally agency staff were utilised when required. The provider ensured that if agency staff were on duty they had the support of a core staff member at all times.

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. The staff team consisted of senior social care workers, social care workers and care assistants. A nurse was available to support the residents when

required.

The staff present across the inspection day were found to be knowledgeable of each resident's specific needs. The spoke about residents in a very respectful manner and were caring and kind in all interactions observed.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory requirements and specific training in line with residents' specific assessed needs. Where refresher training was required this had been identified by the person in charge and they had assigned the person to the relevant trainings over the coming weeks.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with the person in charge or Residential manager. A sample of supervision notes were reviewed and the content of supervision included training, resident support needs.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured against accidents and incidents. They had submitted evidence of this in the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two designated centres and was supported in their role by a senior social care worker. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. For example, the provider had completed an annual review of the service, six monthly unannounced audits, and a suite of additional audits to monitor the level of care being provided. The audits were readily identifying areas of improvement and there was evidence of actions being overall completed in a timely manner. For

example, the most recent six monthly unannounced audit identified the need for resident specific information in relation to the use of restrictive practices. This action had been completed. In total eight actions had been identified in this report and all were completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared and maintained a statement of purpose which accurately described the service provided. Overall it contained all of the information as required in Schedule 1 of the Regulations. One minor amendment was required and this was completed on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were required in the process for documenting complaints to ensure it was in line with the provider's policy and the requirements of the Regulations. On review of documentation within the centre, a resident's representative had made complaints around aspects of the care and support the resident was receiving. Although the provider had taken action in relation to the complaints, they had failed to document this process or evidence that the person making the complaint was satisfied with the outcome.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policies and procedures that were in place in the designated centre. As per requirement of Schedule 5 of the Regulations all required policies were in place and updated within the relevant time lines.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe and were receiving a good quality service. Residents were seen to be treated with dignity and respect and the care provided was overall appropriate to the residents' needs. There was good evidence of person centred care, where residents needs and preferences were considered. A consistent staff team worked at the centre and those spoken with were knowledgeable of residents' needs and the local policies and procedures. There were a small number of areas that required improvement which included aspects of healthcare, ensuring all residents communication needs were accommodated and medication documentation. This will be discussed in relevant areas of the report.

Residents had access to range of health and social care professionals as required. This was evidenced through appointment records such as chiropodist, psychiatrist, opticians, dentists and their local General Practitioner (GP). Residents had specific plans in relation to their health needs as required such as epilepsy care plans and diabetes care plans. The implementation of some of the plans required review to ensure it was in line with best practice and resident's specific needs. In addition, documentation in relation to other aspects of healthcare, such as documenting the residents refusal to attend medical appointments required improvement.

In terms of the residents' communication needs, it appeared that some care plans and practices were not in line with residents' needs and relevant best practice. Communication aids were not stored in an accessible place or accounted for in a resident's communication plan. On review of the annual review it was found that improvements were required in eliciting the views of residents who primarily used non-verbal means to communicate.

The Inspector found that overall there were appropriate practices in place for the administration and safe storage of medications. Staff spoken with were knowledgeable as to the residents' needs in relation to medication. Staff could describe how they ensured medications were provided in a dignified manner. Staff were also clear on the process to be followed should a medication error occur. A log of medication errors was maintained. An up-to-date medication management policy was on file. However, some PRN (Prescribed as necessary) medications did not have the maximum dosage stated.

Regulation 10: Communication

In the centre all three residents' communication needs differed. Some good practices were noted such as the use of easy read documentation, use of visual symbols and the use of daily schedules. However, some aspects of communication supports required improvement. For example, it was noted that a resident's augmentative and alternative communication device was stored in an office cupboard and was not easily accessible. In addition, the resident's communication support plan did not provide guidance to staff on how to use this support effectively. The communication plan did account for one alternative method of communication

however, the training records provided to the inspector did not have evidence that staff were trained in this method .

In the annual review of the quality of care provided to residents, it was documented that residents' views on aspects of service provision could not be gathered due to their specific communication needs. It appeared that the supports in place were not being adequately used which posed a barrier in relation to effective communication.

Judgment: Not compliant

Regulation 17: Premises

As previously described three separate homes were associated with this designated centre. On the walk around of each part of the designated centre it was found to be very clean, nicely decorated and well maintained. All residents had their own individual en-suite bedroom. There was ample access to communal spaces for residents. For example, in one home there was a designated sensory room. This had been kitted out with appropriate sensory equipment such as specific flooring and lighting. Residents were observed to access all aspects of their home.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were for the most part identifying safety issues and putting risk assessments in place. Arrangements were also in place to ensure that risk control measures were relative to identified risks. The inspector reviewed a sample of both individual and centre specific risks and found that these were regularly reviewed. A log of accidents and incidents were maintained for the centre

Judgment: Compliant

Regulation 27: Protection against infection

With regards to IPC the provider had adequate arrangements in place to ensure the ongoing protection of residents, staff and visitors. There was adequate supply of hand hygiene gel and personal protective equipment (PPE) in the centre. Each home presented as very clean and well maintained. There were cleaning schedules in place.

Regular audits of the IPC requirements of the centre occurred on a regular basis. There were outbreak management plans available for outbreaks of COVID-19 or other respiratory illnesses

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. A resident outlined the procedure they were to follow in the event of an emergency and there was evidence of fire safety being discussed both at staff and resident meetings. All residents had up-to-date personal evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

For the most part medication practices were found to be in line with the providers policy. On review of the medicine management system it was found that the maximum dosage of some PRN medications were not documented. For example, in relation to one medication the maximum dosage was in number of tablets. As the tablets for this medication could be bought in two different strengths the guidance was not clear for staff.

Judgment: Substantially compliant

Regulation 6: Health care

For the most part residents were in receipt of a service that ensured the majority of residents' healthcare needs were being met. For example, each resident had access to their own General Practitioner (GP). Some residents required specific healthcare plans to ensure their relevant assessed needs were being met. On review of a resident's healthcare plan it was found that specific recommendations were not being adhered too. This was also identified on an inspection in 2021. This was an area that required improvement.

In addition, the documentation process around a residents refusal to receive medical treatment required review. There appeared to be no clear system in place on how this was documented.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall there were some good practices in relation to positive behaviour support. Residents had an updated behaviour support plan in place that identified proactive, early warning signs and reactive strategies. Residents were referred to behaviour support specialists as needed. The person in charge had completed the self-assessment questionnaire in relation to restrictive practices within the centre. In addition, all restrictive practices were reviewed by a restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Overall, appropriate measures were in place to keep residents safe at all times. staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times. Residents had intimate care plans in place which detailed the level of support required.

Judgment: Compliant

Regulation 9: Residents' rights

Overall in the service was striving to provide residents with choice and control across service provision. Although, residents right to communicate needed some improvements this has been addressed under Regulation 10.

All residents had individual routines in place that aligned with their needs, wishes and preferences. For example, staff respected a resident's choice to get up later in the day when they required this support. Residents had sufficient resources in place such as staffing and vehicles to allow them access the community and relevant activities and events.

A resident who spoke with the inspector explained the importance of making decisions and how they were facilitated to do this.

When speaking about residents, staff used positive, professional and caring language. Interactions were kind and patient and in line with residents' specific assessed needs.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delta Hazel OSV-0007990

Inspection ID: MON-0032568

Date of inspection: 03/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All retrospective complaints have now been documented. All complaints will be dealt with and documented as per Delta policy and in line with the requirements of the Regulations.</p> <p>Completed</p>	
Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The Behavioural Therapist is in the process of reviewing the current communication systems in place for one resident in the designated centre, once an appropriate communication strategy has been agreed then this will be added to the resident's communication passport. Staff will receive training if required in the agreed communication strategy in order to provide best practice when supporting the resident to use their augmentative and alternative communication devices.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

Maximum Dosage has now been added for all PRN medication, guidance is clear for all staff to follow.

Completed

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The healthcare plan has been reviewed and all recommendations communicated with the staff team in the property. Internal auditing systems have been updated to ensure that specific healthcare plan recommendations are being followed consistently.

There is now a clear documentation system in place if the resident refuses to receive medical treatment.

Completed

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	29/02/2024
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	29/02/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	27/10/2023

	storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person 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.	Substantially Compliant	Yellow	27/10/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	27/10/2023
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's	Substantially Compliant	Yellow	27/10/2023

	medical practitioner.			
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