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:	Castlelodge
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	02 November 2021
Centre ID:	OSV-0008008
Fieldwork ID:	MON-0033362

About the designated centre

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

Castlelodge is a centre run by Brothers of Charity Service Ireland CLG. The centre can cater for up to two male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of one bungalow dwelling located on the outskirts of a town in Co.Clare, where residents have their own bedroom, shared en-suite facilities, bathroom, sitting room, kitchen and dining area, utility and staff office. To the front and rear of the centre, a well-maintained garden is also available for residents to use as they wish. Staff were on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 - 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
Tuesday 2 November 2021	11:00hrs to 17:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, this was found to be a centre that was considerate of residents' assessed needs and preferences, ensuring they received the care and support that they required.

This designated centre comprised of one bungalow dwelling located on the outskirts of a town in Co. Clare. Residents had only transitioned to this service a few months ago and each resident was well-known to staff working in the centre. The centre was very well-maintained, tastefully decorated, spacious and had a homely feel to it. Residents had their their own bedroom, shared en-suite facilities, bathroom, sitting room, utility, staff office and kitchen and dining area. A well-manicured garden area also available for residents to use. The layout and design of the centre took into consideration the needs of the residents who lived there, particularly those with mobility needs. The centre was spacious enough to allow residents to safely move from one room to another and tracking hoists were available in each resident bedroom, should their future care needs require the use of this equipment. Comfortable seating was available in both the sitting room and kitchen area, with televisions in each room, should residents wish to spend recreational time away from their peer.

The inspector met with both residents who lived here, one resident didn't engage directly with the inspector; however, the second resident did speak with the inspector for a period of time about the care and support they received. Upon the inspector's arrival, the centre was found to have a very calm and relaxed atmosphere, where staff were supporting one of these residents with their morning routine. This resident had a lie in that morning and spent some time relaxing in the sitting room on a comfortable armchair. Staff who were supporting this resident, said that it was an important aspect of this resident's care, that time was afforded to this resident each morning to take their time to orientate themselves in a calm environment before starting their day. Staff were very respectful and supportive of this resident's morning routine, even ensuring the front door bell was disconnected each morning to ensure minimal disruption to this resident. Later in the day, staff supported this resident to attend an appointment, before returning to the centre to engage in sensory activities.

Upon the second resident's arrival back to the centre after their day service, they met with the inspector and spoke about how they were getting on since they transitioned to the centre. The said that they were very comfortable and happy in their home, but in recent weeks, were impacted by peer to peer related incidents which had occurred. They told the inspector that staff had supported them to make a complaint in relation to this and they were aware of the actions being taken by the provider to resolve their complaint. They also spoke positively about the support they had received from staff, person in charge and safeguarding officer and said that they felt safe with the safeguarding measures that were implemented on foot of these incidents. They also spoke of the specific staffing arrangement that was in

place for them, which allowed them to have access to additional staff support each evening, meaning they could get out and bout in the community as they wished.

Much effort was made by staff to ensure these residents had opportunities to engage in meaningful activities, in accordance with their individual interests. One resident attended day services a few days a week and was facilitated to engage in activities in their home for the remainder of the week. Residents' engagement with their families was very much promoted, with home visits regularly occurring to allow these residents to spend time with their loved ones. Staff who spoke with the inspector, told of how residents enjoyed going out for a social drink, shopping, arranging window flower boxes, watching television and listening to music. One resident in particular, responded very well to sensory activities and regularly liked to match socks and over the course of the inspection, the inspector observed this resident to be very content in doing so. Birthdays and occasions were marked with residents, with one resident recently celebrating a milestone birthday at the centre. The quality of the social care provided in this centre was largely attributed to the adequacy of transport and staffing arrangements, meaning residents had the support and resources they needed to engage in activities that they enjoyed.

Due to the changing behaviour support needs of one resident, much emphasis was being placed by staff at the time of this inspection, to ensure this resident was receiving the care and support that they required. Staff were very proactive in identifying and responding to any change in residents' care needs and regularly liaised with relevant allied health care professionals, where a review of residents' care interventions may be required. Staff knew these residents very well, with some having previously supported these residents prior to their transition to the centre. Staff told the inspector about how well the transition of these residents to the centre had went and were very aware of the measures put in place by the provider in response to recent peer to peer incidents. Staff were very considerate of the care and support required by the resident impacted by these incidents and told the inspector that the effectiveness of recently introduced measures were now routinely spoken about as part of staff handover. Over the course of this inspection, staff interaction with residents was also found to be pleasant, kind and caring.

The next two sections of the report outline the findings of the inspection.

Capacity and capability

This was the first inspection of this centre since it opened, with the purpose of monitoring compliance with the regulations. Although the provider was found to be in compliance with many of the regulations inspected against, the inspector found that significant improvement was required to the oversight of the governance and management arrangements for this centre in order to drive improvement. Minor improvements were also identified to aspects of safeguarding, health care, risk management and fire safety.

This centre's staffing levels were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Some staff who worked in this centre, had previously supported these residents prior to their transition to the centre. This had a positive impact for residents as it ensured continuity of care, where residents were cared for and supported by staff who knew them and their assessed needs very well. Of the staff who spoke with the inspector, they were found to be very knowledgeable of their roles and responsibilities in supporting these residents. Arrangements were also in place, should additional staffing resources be required in this centre, with a relief staff panel being created at the time of this inspection. In response to the social care needs of one resident, additional staff were on duty each afternoon and evening to ensure this resident had the support that they required to access amenities within their local community. This resident spoke positively with the inspector about this arrangement, stating they were able to get out and about each evening as they wished. Effective staff training arrangements were in place, ensuring staff had access to the training they required appropriate to their role. Staff were also subject to regular supervision from the line manager, which promoted staff development within the organisation.

There was a complaints procedure in place that ensured complaints were investigated promptly. At the time of this inspection, a complaint was made by a resident who was impacted by a peer to peer related incident which had recently occurred. This resident told the inspector that they were assisted by staff to make the complaint and to understand the steps that the provider was taking to resolve their complaint. Furthermore, throughout this process to date, the provider had ensured that this resident was not adversely impacted by having made the complaint.

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge met with his staff team on a regular basis to discuss resident related care issues and he was also regularly present at the centre to meet with staff and residents. The first six monthly provider-led audit for this centre had been completed and upon review, the inspector found that this audit very much focused on specific practices relevant to this centre and identified specific and measurable actions that were required to address areas of improvement required within this service. However, the inspector reviewed a number of actions arising from this audit with the person in charge, and although efforts had been made to address actions identified, the inspector found that some were not completed to a satisfactory standard. Even though the provider had implemented an effective monitoring system to oversee the quality and safety of care in this centre, adequate oversight arrangements were not in place to ensure the completion of these actions drove improvement within the centre.

Regulation 15: Staffing

The provider had ensured staffing levels were subject to regular review, ensuring a

suitable number and skill-mix of staff were on duty to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring staff had access to the training they required appropriate to their role. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had effective monitoring systems in place to identify where specific improvements were required within this centre, the oversight of the satisfactory completion of such improvements required review to ensure all areas identified for improvement were adequately addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Systems were in place to ensure all complaints received were investigated promptly and that complainants were assisted in understanding this centre's complaints procedure.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that had a person-centred approach to the care delivered to residents.

The centre comprised of one bungalow dwelling located on the outskirts of a town in Co.Clare. Here, residents had their own bedroom, shared en-suite facilities, bathroom, sitting room, kitchen and dining area, utility and staff office. A well-maintained garden was also available to residents to use as they wished. The centre was spacious, clean, well-maintained and provided residents with a very comfortable living environment.

Some residents living here required behavioural support and the provider had ensured that these residents had access to the support that they required. In the weeks leading up to this inspection, one resident in particular, had experienced increased behaviour related incidents, which included incidents involving their peer and incidents of aggression towards staff. Staff who spoke with the inspector, stated that these had not previously occurred since both residents transitioned to the centre and all efforts were being made by staff to liaise with relevant allied health care professionals to identify if further behaviour support interventions were required to support this resident. In recent days, staff reported a significant decline in the occurrence of these incidents and attributed this to a change to the resident's medicines, and at the time of inspection, the effectiveness of this was being maintained under very regular review by staff. These staff also spoke of the specific supervision arrangements and de-escalation techniques that were implemented in recent weeks in response to the change in this resident's behaviour. This residents' behaviour support plan was reviewed by the inspector and it was found to require updating to better inform staff on how to support this resident on foot of the recent change in their behaviour support needs. Furthermore, this resident was also recently prescribed a new chemical restraint in response to their behaviour support needs. The protocol supporting this was also reviewed by the inspector and it was found to also require updating to ensure it guided staff on the specific behaviours to be exhibited by the resident to warrant administration, and also better guide staff on the alternatives to be trialled prior to administration. The requirement for both documents to be reviewed was brought to the attention of the person in charge, who informed the inspector that they had requested and were awaiting a multi-disciplinary review to ensure better clarity was afforded in both documents, in light of recent changes to this residents' behaviour support needs.

Overall, the inspector found that the provider was very responsive the health care needs of residents. For example, in recent weeks, one resident had experienced increased falls and staff were proactive in liaising with relevant allied health care professionals to have this resident's health care needs reviewed. In the interim, additional measures were put in place to ensure this resident's safety when mobilising inside and outside of the centre. For example, specific supervision arrangements were put in place and staff were vigilant in reminding this resident to use recommended walking aids when mobilising. However, at the time of inspection,

a personal plan was not available to reflect these specific interim safety arrangements that were put in place for this resident with regards to their falls management.

The provider had systems in place for the identification, response and monitoring of risk. Staff who spoke with the inspector were very aware of recently identified risks and of their responsibility in implementing measures to mitigate against these. In the weeks prior to this inspection, resident specific risks had been identified through the centre's incident reporting system and through staff handover, and the person in charge was in the process of addressing these further to ensure the safety and welfare of the residents involved. However, the inspector did identify where some improvements were required to aspects of the identification and assessment of risk in this centre. For example, although the centre's incident system was largely where risk was identified, the reporting of incidents required improvement to ensure all incidents were recorded, particularly in relation to falls. Furthermore, upon the inspector's review of the incidents that had been reported, better information was required on these reports in terms of staff specific response to the incident and overall outcome, so as to better inform incident trending and risk management activities required on foot of these incidents.

Improvements were also required to the assessment and monitoring of identified risk in this centre. For example, in the weeks prior to this inspection, in response to peer to peer related incidents, the person in charge informed the inspector compatibility assessments for both residents had been reviewed and that this process was currently on-going. However, there was no supporting risk assessment in place to demonstrate what measures were put in place in response to this, thus, impacting on the provider's ability to effectively ensure that these measures were subject to on-going review. Furthermore, although provider had responded to safeguarding concerns raised on foot of recent incidents, there was no supporting risk assessment available at the centre to demonstrate what specific control measures the provider had put in place, to ensure the effectiveness of these measures were also subject to regular monitoring. Similar findings were also found in relation to the centre's fire risk assessment, where this risk assessment didn't accurately support the provider in the on-going monitoring of specific fire safety precautions that were in place at the centre. For example, although the provider had responded to the outcome of a fire drill which had occurred a few months prior to this inspection, the fire risk assessment failed to identify what controls were put in place to mitigate against the risk that this posed to the safe evacuation of residents from the centre.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and up-to-date fire safety training for all staff. A waking night time staffing arrangement was in place, meaning that should a fire occur at night, staff were readily available to respond to it. Multiple fire exits were available in the centre, with one located in a resident's bedroom to aid their evacuation from the centre. A number of fire drills had been completed with staff and residents since this centre opened, some of which identified possible risks relating to the timely evacuation of residents. In response to this, the provider completed further fire drills to assure suitable arrangements were in place to

support residents to evacuate. However, the personal evacuation plans for residents with behaviour support needs required updating to adequately guide staff on what to do, should these residents required behaviour support during an evacuation. Furthermore, although there was a fire procedure available, it too required review to ensure it adequately guided staff on what to do, should a fire occur at this centre.

Prior to the transition of these residents to this centre, the provider had reviewed the compatibility of these residents to ensure the suitability of them living together. Both the person in charge and staff who spoke with the inspector, said that the transition of both residents had gone very well and both got on well together. However, in recent weeks, some peer to peer incidents had occurred, which resulted in the provider reviewing the compatibility assessment and this was still subject to review at the time of inspection. In addition to this, the provider put safeguarding measures in place in response to these recent incidents, which included, specific staff supervision arrangements and review of both residents' individual social and activity schedules. The inspector had an opportunity to meet with the resident who these additional safeguarding measures were intended for. This resident spoke with the inspector about the incidents which had led to these safeguarding measures being implemented and stated that they felt safe in the centre, primarily down to the support and supervision of staff in preventing and responding to such incidents. This resident also stated that on foot of these incidents, they had met with the safeguarding officer and was very happy with the outcome of this meeting. However, although there was a safeguarding plan in place, it required review to ensure it adequately reflected these specific safeguarding measures, to ensure their overall effectiveness was subject to regular review.

Regulation 17: Premises

The centre comprised of one premises, which was centrally located near a town in Co. Clare. The centre was comfortably furnished, tastefully decorated, well-maintained and it's layout and design was considerate to the assessed needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Although systems were in place to identify risk in this centre, some improvement was required to the reporting of incidents to ensure all incidents were recorded, particularly in relation to falls. Furthermore, if the incidents reported, improvement was required to ensure better information was provided on incident reports to inform risk management activities.

With regards to the assessment of risk, better systems were required to ensure risk assessments were in place to support the provider's response to risk in the centre, for example, risks relating to safeguarding, fire safety and risks relating to the compatibility of residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had put measures in place to protect the safety and welfare of all residents and staff. Regular temperature checking, social distancing and hand hygiene was regularly practiced. Contingency plans were also in place to guide staff on what to do, should an outbreak of infection occur at this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting, fire training for all staff and regular fire safety checks. However, some improvement was required to ensure the fire procedure adequately guided staff on what to do, should a fire occur at the centre. Furthermore, where residents required behavioural support, their personal evacuation plans required further review to ensure these clearly guided staff on what to do, should these residents require behavioural support during evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had systems in place to ensure residents needs were subject to re-assessment on a minimum annual basis.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that

these residents received the care and support that they required. Residents also had access to a wide range of allied health professionals, as and when required. Although the provider had responded to the falls management needs of one resident, there was no supporting personal plan in place to guide staff on the specific measures put in place to ensure this resident's safety when mobilising.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents had required behavioural support, the provider had ensured that adequate support systems were in place to support these residents. In response to recent behaviour related incidents, the inspector identified that both the behaviour support plan and protocol for the administration of chemical restraint required review. At the time of inspection, the person in charge was awaiting multi-disciplinary input to have both documents reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place for the identification, response and monitoring of any concerns relating to the safety and welfare of residents. In response to an incident at the centre, specific safeguarding measures were put in place to safeguard residents from verbal and physical abuse. However, the supporting safeguarding plan required review as it didn't adequately describe the specific measures that staff were adhering to on daily basis to ensure residents' were safeguarded from similar incidents re-occurring.

Judgment: Substantially 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	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Castlelodge OSV-0008008

Inspection ID: MON-0033362

Date of inspection: 02/11/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance under Governance and Management the following will be completed: The PIC will ensure that actions are completed from internal audits and HIQA inspections in line with the timelines agreed in these audits. The PPIM will meet on a bi-weekly basis to ensure these actions are robust and completed to a satisfactory standard. These bi-weekly meetings which are documented, will ensure good governance and management overall within the DC. These meetings have started since 15th Nov 2021. The PIC will ensure a timely and consistent management of the service and base himself in the DC at times during the week to ensure appropriate governance and oversight of the service. The PIC will ensure all risk assessments are monitored and reviewed to ensure controls in place are working and/or identify if additional controls are needed in a timely manner. PIC will review all accidents and incidents quarterly and discuss at team meetings to ensure ongoing improvement and learning for the team in relation to recording of accidents and incidents and the Accident/Incident Management process.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to come into compliance with regulation 26 Risk Management the service provider will complete the following:	

A Risk Assessment relating to one individual's falls and a falls management plan will be completed by the PIC.
Completed 15/11/2021

A Risk Assessment for Peer to Peer abuse in light of incidents between residents living in the designated center will be completed by the PIC.
Completed 08/11/2021

A Risk Assessment has been completed for one individual who due to behavior that challenge may be delayed in evacuating the DC in the event of a Fire.
Completed 08/11/2021

A Risk Assessment on Compatibility of both residents will be completed by the PIC.
Completed 08/11/2021

The PIC will ensure that an outstanding accident/incident will be recorded on the services online recording system.
Completed 08/11/2021

PIC will provide briefing to staff to create more awareness of the Accident and Incident Process, what requires reporting, when and how on OLIS also more detailed descriptions to be used and impact on other resident to be recorded.
Completed 12/11/2021

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The PIC will update the PEEP & CEEP to reflect more detail and specific information regarding evacuation with input from the behavioral support team.
Completed 23/11/2021

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC will ensure a Falls management plan will be completed for one resident to guide staff on specific measures to ensure the residents safety when mobilizing.
Completed 15/11/2021

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC and Designated Officer will update and develop one residents safeguarding plan to include specific measures used on a daily basis to safeguard the resident from similar incidents, should they occur.
Completed 22/11/2021

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 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.	Not Compliant	Orange	15/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	08/11/2021

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	23/11/2021
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	15/11/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	22/11/2021