



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

Issued by the Chief Inspector

Name of designated centre:	Charnwood Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0003073
Fieldwork ID:	MON-0034088

About the designated centre

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

Charnwood Park – Community Residential Services is a community-based home providing full-time support for four adult females with mild to moderate intellectual disabilities. The centre is located in a residential area of Co. Dublin within walking distance of shops, cafés, restaurants, churches, parks and a shopping centre. The centre comprises a two-storey house with a front driveway and a private rear garden. There are four single-occupancy bedrooms, three of which are located upstairs and one bedroom downstairs. A staff office/sleepover room is also located upstairs. There is a main bathroom and one bathroom en suite upstairs, and one downstairs toilet. There is also a kitchen and dining area, utility, and sitting room. The staff team is comprised of a person in charge (social care leader) and social care workers. Residents are supported by one sleepover staff, and additional staffing is put in place in line with residents' needs. A nurse manager on call is available to provide nursing support, if required. A service vehicle, shared with another designated centre, is available to facilitate residents' participation in community activities.

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 - 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
Thursday 14 October 2021	09:00hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

At the time of this inspection, three residents were living in this designated centre, all of whom were met by the inspector. On arrival at the centre, the inspector was greeted by a member of staff who explained that all residents were still in bed and showed the inspector around the ground floor of the house whilst residents were engaged in their morning routines.

The inspector noted that the centre displayed many of the residents' arts and crafts projects. For example, individual framed jigsaws, crochet, and word searches aligned the hallway. Residents also contributed to the centre's mission statement by embroidering the message displayed by the front door. In addition, a calendar hung in the kitchen made of residents photos, and handpainted stones dotted the garden with positive messages created during the pandemic lockdown.

The inspector observed staff respecting the privacy and dignity of residents by knocking on bedroom and bathroom doors before entering, engaging with residents in a patient and kind manner and speaking about the purpose of the inspection visit.

While the centre was homely and personalised, the inspector found that the communal areas were too small to accommodate four residents, the number of residents the centre was registered for. There was a small kitchen containing a dining table, pushed against the wall, leaving a narrow walkway for residents to enter the kitchen. When all four chairs were in use, the dining table had to be pulled out from the wall, blocking access to the room and the fire escape route. This issue had been identified on previous inspections and is discussed further in the report. Meanwhile, on the other hand, the inspector found that the provider had made improvements in other areas of the centre to address accessibility issues. The main bathroom had been renovated to a wet room to provide an additional accessible shower.

The inspector was informed that one resident had transitioned to another designated centre of the provider, five months previously, due to changing needs. The inspector found that the resident was provided with a transition plan and that their personal plan had included information on how the resident was supported to plan and prepare for the move. Furthermore, it was evident that both the staff team and residents alike supported the resident with their move and visited in line with restrictions to maintain relationships. The resident's bedroom still contained a large number of personal items belonging to the resident, including photographs and clothes. The person in charge explained that they were arranging for these items to be transported to the new centre.

The inspector observed all residents having their breakfast at times suitable to them. One resident spoken with, told the inspector that they liked living in the centre and said that they enjoyed watching television in their bedroom. This resident then directed the inspector upstairs to show them their bedroom. It was noted during this

visit that their bedroom was well furnished and personalised. The resident explained how they kept in touch with family members through their computer tablet. The resident had a locked safe in their bedroom and demonstrated to the inspector the use of the safe for storing and administering their medicines safely.

Another resident explained that visits were allowed again in the house and that they were looking forward to meeting their sister the following day and their return to their work programme. A third resident showed the inspector a new shed that had been installed in the garden.

In addition to meeting residents and staff along with observing their interactions during this inspection, the inspector also reviewed documentation relating to the centre overall and individual residents. The inspector read residents and families' feedback that had been collected as part of the provider's annual review for 2020. Residents indicated they were very happy in their home and were clearly involved in planning their day as they wished. They were aware of who they would contact if they had any concerns or complaints. One resident had made a complaint which the person in charge had resolved.

All families had also been invited to complete a survey, and again the overall feedback was very positive in relation to the care and support provided to their loved ones. One family member described the care as exceptional another family member noted communication between staff and the families was excellent. Although one family member expressed concern in relation to some changing needs, there was evidence that multi-disciplinary input had been sought and involved regarding this concern.

Other records reviewed included a sample of residents' meetings that took place in the centre on a weekly basis. Such meetings were facilitated by staff and were used to give residents information on issues such as complaints, safeguarding and advocacy. Residents gave examples of how they could lodge a complaint and watched videos online regarding safeguarding. One resident mentioned that they were interested in joining an advocacy group. These residents' meetings also allowed residents to express their choices and rights. One resident spoke about their favourite 'right' from the 'charter of rights', which underpinned service delivery, which was 'to be happy'. Other rights discussed by the group of residents were the right to privacy and the right to choice.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The purpose of this unannounced inspection was to assess the levels of compliance with the regulations since the previous inspection in August 2019 and determine if

the provider had appropriately addressed the issues identified from that inspection. While some regulations in this inspection had a good level of compliance, areas of improvement were identified relating to the governance and management of the centre, staffing and premises issues. These were similar findings compared to previous inspections and will be discussed below.

As previously mentioned, this centre was registered for four residents. Since 2016, issues have been identified by both the provider and the inspectorate regarding the limited communal space in the premises which could not fully meet the collective needs of residents. A compliance plan submitted by the provider in 2016 gave assurances to the Chief Inspector that the admission of residents would be reviewed should a resident be discharged. Furthermore, the inspection in 2019 found that the provider was reviewing the progress towards addressing this non-compliance through its quality improvement plan, including a proposed extension to increase the amount of communal and private space for residents. At the start of this inspection, the inspector was made aware that the current occupancy of the house was three, following a recent transition. When asked about the provider's review of the occupancy levels following this discharge, the inspector was informed there were no plans to review or amend the centre's capacity. While reviewing the current quality improvement plan, the previously mentioned actions to address the failings under premises had been removed. The inspector brought these concerns to senior management at the feedback meeting stating these issues remained ongoing concerns. While the inspector was not assured by the oversight and monitoring of adherence to the regulations and action plans in this area, an application was submitted by the provider post-inspection to amend the centre's capacity from four to three residents.

Under regulations, the provider must ensure that there are suitable staffing numbers and skill-mix in place to support residents. Based on the overall findings of this inspection, the inspector was satisfied that the provider was discharging these requirements. It was noted, though, that the continuity of staff did require some improvement. Maintaining continuity of staff is important to ensure familiarity with residents and the operations of the centre. While there was a core staff team in place, from documents reviewed, a high number of different individual staff had worked in the centre over the previous months to cover annual and sick leave.

Training records were also requested for staff working in the designated centre. Three staff worked on a full-time basis while a number of relief staff were used when required. A requirement under Schedule 4 of the regulations states that a record of attendance at staff training and development is maintained. While the training records for permanent staff were easily retrievable, this was not the case for relief staff, and the person in charge did not have oversight of these training records. The inspector was aware that the provider was currently rectifying this system, and the inspector received assurances that all staff had completed the necessary training or had upcoming training dates booked.

Regulation 14: Persons in charge

The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. They were engaged in the centre's governance, operational management, and administration and were based in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that staffing numbers were in line with the centre's statement of purpose. This was stated as three full-time social care workers working day shifts and sleepover shifts. Volunteer staff that worked in the centre before the pandemic had not resumed their positions. The inspector was informed that discussions were underway for volunteers to return and this was welcomed by the residents due to the friendships built.

The inspector found similar findings relating to continuity of care as identified on the previous inspection. Through its compliance plan, the provider had committed to review the use of relief and agency staff and ensure that familiar staff would be used in the event of sick and annual leave. However, on this inspection, the inspector found that 15 different relief staff were used in a two-month period. While the inspector acknowledged that additional difficulties existed in the current environment of maintaining regular staff due to the pandemic, there remained the absence of an effective system to oversee the allocation of relief staff to the designated centre. The pool of relief staff was shared among the wider organisation. Therefore, the designated centre did not have its own dedicated relief staff resulting in a high number of staff being assigned to the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were arrangements in place to monitor and meet staff training and development needs. Staff had received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and the safe administration of medicines. As previously mentioned, the system to record the training of relief staff was under review for efficiency of use.

Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by other staff members and the person in charge. There were appropriate arrangements in place for the supervision of the staff team, and regular one-to-one supervision meetings were taking place with all staff

members, facilitated by the person in charge.

Staff meetings were occurring regularly, and these were well attended. The agenda items were found to be varied and resident-focused. There was evidence that staff were supported to raise areas for improvement; for example, staff had requested additional training in risk assessments, and the person in charge organised this as part of the next meeting.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place, consisting of an experienced person in charge who worked on a full-time basis in the organisation and was supported by a clinical nurse manager 3 (CNM3). The centre was also monitored and audited as required by the regulations. The unannounced visits by the provider identified areas for improvement within some care plans and frequency of fire drills, and the person in charge had actioned these. As previously mentioned, the scope of the unannounced audits and reviews required review to ensure historical or long-standing non-compliances continued to be captured and measured in the providers quality improvement plans.

There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly auditing reports/unannounced visits. The annual review included feedback from residents and families. A discussion took place at the feedback session as to how the annual review could be further improved upon to ensure it effectively addressed the quality and safety of care and support in accordance with relevant national standards.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

It was evident that residents had been supported by staff members to make complaints and that improvements to service provision were made from the complaints. For example, one resident complained about the radiator being too hot for their bedroom, which was rectified locally by staff. In addition, the inspector viewed information in the centre that was readily available to residents regarding the role of the Confidential Recipient and external advocacy services should residents wish to avail of these services.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality assurance mechanisms in the centre and found that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as residents rights and the management of medicines. Nevertheless, there remained ongoing concerns regarding the premises, specifically the capacity to provide adequate accommodation to all residents when operating at full occupancy. However, while this was not addressed at the time of inspection, the provider submitted an amendment to the centre's registration, post-inspection, to reduce the capacity from four to three residents.

Since the previous inspection, there had been improvements in the area of fire safety due to the installation of appropriate fire containment measures to limit the spread of fire and smoke whilst also ensuring a protected evacuation route. Residents were aware of what to do in the event that an evacuation was required, and it was seen that fire drills were being carried out regularly with low evacuation time recorded. The inspector observed a double locking system on the front door that could potentially impact the safe evacuation of residents from the premises if locked from the outside. When this was brought to the attention of the provider, this was actioned and corrected promptly.

The inspector found that the health of residents was promoted in the centre, and residents enjoyed a good quality of life. Each resident had a health action plan for each identified medical need, and these action plans ensured that consistency of care was delivered. Residents were also supported by healthcare professionals such as general practitioners, dietitians, psychologists, and occupational therapists. In addition, there was evidence that residents were supported to attend National Screening Programme initiatives where applicable, such as diabetic retina screening. Furthermore, appropriate and safe systems were in place for medicines management.

The inspector found that most of the residents' plans reflected the residents' continued assessed needs and outlined the support required to maximise their

personal development according to their wishes, individual needs, and choices. However, gaps in documentation had been identified as an area requiring improvement by the provider in their latest six-monthly review. These gaps related to residents' care, support and goals were not found to contribute to significant risks for residents. Through discussions with staff, the inspector found them to be knowledgeable in relation to residents' specific care and support needs.

In addition to supporting the health and physical needs of residents, the provider had supports available to meet residents' emotional needs. Some residents had recently availed themselves of the chaplaincy services who had visited the centre due to sudden life events. It was clear that the staff team knew the residents and their individual needs very well. For example, staff members understood the emotional supports required by some residents and provided assurance as outlined in their care plans.

It was also noted that active efforts were being made to protect residents from COVID-19. During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and the use of personal protective equipment (PPE). A contingency plan was also provided for this centre, which the inspector identified required a review to ensure it provided the current guidance for how to respond if COVID-19 related concerns arose.

Regulation 17: Premises

In line with previous findings, the communal space in the house did not provide adequate space for all residents to avail of the amenities, particularly the kitchen. Additional, other premises and maintenance issues required attention and had been escalated by the staff team and person in charge but had no time-bound plan for completion. These included widening the drive for ease of access, new windows due to condensation build-up and heat loss, and a missing door off a kitchen cabinet.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received appropriate support, based on their needs, as they transitioned between residential services. Transitions were determined on the basis of transparent criteria in accordance with the statement of purpose and took place in a planned and safe manner. The resident's personal plan included information on how the resident was provided with information on the services and supports available to them in the new designated centre. In addition, an accessible plan with photos was created by staff for the use of the resident.

Judgment: Compliant

Regulation 27: Protection against infection

Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE. The centre was visibly clean and staff were observed adhering to infection prevention and control practices.

The inspector reviewed the specific COVID-19 contingency plan dated May 2021 and identified it required a review to demonstrate up to date published health guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was found to have adequately addressed non-adherence to fire safety measures from previous inspections. A tour of the premises demonstrated that high-risk areas and residents bedrooms had fire doors that either closed when the fire alarm sounded or had free-swinging doors.

The designated centre was also equipped with a fire safety system incorporating a fire alarm and emergency lighting. External contractors carried out maintenance checks regularly to ensure that such systems were operating correctly. Fire drills were being carried out regularly, and all residents had personal emergency evacuation plans (PEEPs) provided outlining supports they needed to evacuate if required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that safe practices were in place for the ordering, prescribing, storage and administration of medicines in the designated centre. A sample of residents medication prescriptions were reviewed, and the inspector found that medicines were being administered as prescribed. Residents' medicines were regularly reviewed by the prescriber, and the date of these reviews were documented in the medicines prescription record.

Medicines were stored safely and securely, and all medicines appeared in date and

clearly labelled. Segregated storage had been implemented for unused or no longer required medicines. Resident interest and capacity to participate in managing their medicines was encouraged, as demonstrated to the inspector by the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' wellbeing and welfare was supported through a good standard of evidence-based care and support. Although the provider had carried out various assessments in relation to residents needs, it was found that further improvements were required in this area.

The inspector reviewed a sample of residents' personal plans and found that overall, residents' plans were reviewed annually; however, there were some gaps in the documentation; for example, one assessment was dated January 2020 and had not been updated in line with the minimum requirements. Also, some goals were devised during periods of lockdowns and required review in line with the easing of national restrictions.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found residents were well supported to manage their healthcare needs. Residents plans were subject to regular reviews and clearly identified residents most current needs and plans of care, including diabetes, mental health and mobility. Residents' healthcare needs were monitored on an ongoing basis by staff in the centre, and records were available on the healthcare monitoring completed in line with plans. For example, monthly weights were being maintained, and healthy eating and exercise was being promoted, resulting in positive outcomes for residents. Residents' preference for advanced knowledge on upcoming health appointments were recorded and respected by staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed there to be many examples of where the residents' rights were promoted. There was a self advocacy group within the organisation and a complaints policy and procedure in place to support residents and their families raise

any issues they may have in relation to the service provided. Residents were consulted in the running of the centre and in decision making through monthly resident meetings and through the annual report consultation process. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. Residents' rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents' rights and advocacy regularly.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Charnwood Park - Community Residential Service OSV-0003073

Inspection ID: MON-0034088

Date of inspection: 14/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in charge will audit on a quarterly basis the Relief/Agency Staff working within the centre to improve the continuity of care for the Service User's. The Relief/ Agency Staff training records can be sourced through Clinic Nurse Manager 3 as required.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Service Manager will feedback to the Quality & Safety officer the specific areas of the Annual Review that need improvement to address the quality and safety of care and supports in line with HIQA's national standards.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Service Provider has reduced the capacity of the centre from 4 to 3 Service User's and this is reflected on the Statement of purpose for the centre.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in charge has updated the Covid 19 Contingency plan for the Centre in line with the most up to date published Health Guidance.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Keyworker's and Person in Charge updating Individual assessments and Care plans with an agreed date of completion for the 31st of January 2022.</p>	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	14/01/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	21/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	15/10/2021

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	23/10/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/01/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	31/01/2022

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
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