



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | Rathmore Residential Services         |
| Name of provider:          | Kerry Parents and Friends Association |
| Address of centre:         | Kerry                                 |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 14 September 2021                     |
| Centre ID:                 | OSV-0003430                           |
| Fieldwork ID:              | MON-0029356                           |

## About the designated centre

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

This designated centre is comprised of three separate houses in close proximity to each other in the same rural village. A maximum of 15 adult residents can be accommodated and residents present with a diverse range of needs and abilities between the three houses and within the houses themselves. One house is purpose built; all facilities are at ground floor level and are designed and laid out to suit residents with higher physical needs. Residents avail of full time residential services; there is one bed allocated to the provision of respite and six residents would normally avail of this service. The provider aims to provide quality person-centred services to each resident in partnership with their family and connected to their community and support networks. The staff team is comprised of support staff, social care staff and nursing staff.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 13 |
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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 |
|------------------------------|-----------------------|--------------------|------|
| Tuesday 14<br>September 2021 | 9:00 am to 4:30<br>pm | Michael O'Sullivan | Lead |

## What residents told us and what inspectors observed

The inspector visited three houses on the day of inspection and met and spoke with eleven residents and eight members of staff. In line with current public health guidelines, all areas were well ventilated and the inspector and staff members wore face masks. Hand hygiene was practiced and direct interactions were limited to periods of time less than 15 minutes. All residents and staff had been in receipt of COVID-19 vaccines and all were well on the day of inspection.

The resident in the first house welcomed the inspector and was well able to use words to communicate. This resident was the sole occupant of the house and was supported on a one to one basis by a staff member. At the time the resident was getting ready to get up and have their breakfast. They had plans for the day which included going to the local library. The planned activities for the day were led by the residents choices. The house was due to be decorated and the resident had been involved in the choosing and testing of colours. The resident acknowledged that they missed attending day services but they were keeping busy. They liked to wash cars. The resident invited the inspector to view their bedroom which was homely and comfortable, as was the rest of the house. The resident had a programme of meaningful activities in place that included excursions and exercise in the community, swimming, eating out, reflexology and recycling. Goals defined by the resident were subject to regular review. The registered provider had allocated staff to the direct support of this resident in their own home. The staff member was familiar with the resident and their assessed needs and preferences. The resident was seen to be very comfortable in the presence of staff. Staff interactions were observed to be gentle, unhurried and respectful.

The inspector met four residents in the second house. Each resident had a single bedroom that staff had assisted them to personalise. One resident was happily engaged in work which they referred to as making the money. This resident was sitting in one of the sunrooms, listening to local radio and was supplied with tea while working and observing the local area through the windows. Sometimes, neighbours and friends dropped by for a chat. This resident liked saving money and had a plan to spend it in a large shopping centre. In the interim, staff were assisting them with online shopping. This resident missed attending mass but was viewing mass online.

Three of the residents were young and active. All were seen to be engaged in tabletop activities, games and virtual forums. One resident had a preferred television series that they watched and had plans to cultivate an area of the garden, which they showed the inspector. This plan had been documented as one of the residents goals but was not realised. This was similar for another resident. Prior to the pandemic, all residents had a comprehensive community based programme that staff supported them to attend. While new goals were reflective of the pandemic, the staffing levels noted on the day of inspection and over previous rosters did not allow for all residents to avail of independent activities of choice in the community,

especially with the lifting of lockdown restrictions. The general care and support to residents was however observed to be good and each resident was been assessed to determine whether a resuming day service could be offered to them.

The third house was the largest setting and eight residents resided there. One resident was out for the day supported by staff and one resident indicated that they did not wish to speak with the inspector. This facility had been purpose built by the registered provider. The five residents who spoke with the inspector painted a picture of a safe and comfortable home that they liked to share with residents and staff that they regarded as friends. All bedrooms and communal areas were homely and well decorated. The floor coverings, particularly in the main corridors were cracked and presenting as a possible trip hazard to residents and staff. A solution had yet to be achieved. Residents were observed gathering in small groups, chatting and having fun. Residents and staff were actively seen to involve residents who did not use words to communicate. There was a sense of family. Residents described enjoying soap operas on television either in the television room or in their bedroom in the company of other residents. The interaction of residents and staff were observed to be respectful and warm. Residents confirmed that they liked the food that was prepared and that choice was offered. The house had a supply of fresh and frozen food stuffs. Residents also enjoyed takeaway food. Residents named one preferred staff member whose cooking they rated higher than anyone else. Residents had open access to the kitchen with staff supports and were involved in food and dining preparation if they wished. One resident directed the inspector to see muffins that they had cooked the previous day.

There were high levels of physical dependency within the group of residents and many were wheelchair users. Significant work had been undertaken by staff to ensure all residents could be safely evacuated in the event of a fire. Residents knew where to go in the event of a fire. The registered providers preferred method of evacuation during fire drills, at times of minimum staffing was the horizontal movement of residents away from the fire through three defined compartments. While drill times were protracted, the inspector was assured that each resident had a direct exit from their bedroom to the garden area and in the event of a fire could be immediately removed from the building.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents with the exception of one house. The inspector found that there were systems in place to ensure residents were safe and in receipt of good care and support in the house but choice was limited by staffing resources.

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

## Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of most residents. The registered provider had undertaken to recruit additional nursing staff on foot of a previous inspections findings and this had been a difficult process during the pandemic. The focus of support to residents was observed to be person centred in a homely environment. Most residents had meaningful engagement with their families and the local community, however, supports to some residents were limited as they awaited a return to day services. Staff demonstrated a good understanding of residents needs.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and was based onsite in the larger of the three houses. This person was suitably qualified and experienced and had a good knowledge and understanding of their regulatory responsibilities. Staff numbers allocated to the designated centre afforded person centred care to most but not all residents. There was evidence that meaningful activities were facilitated in the absence of structured day services. Residents said that they felt safe and well supported by staff in general and during the pandemic. Newly recruited nursing and care staff demonstrated a good knowledge of the residents assessed needs and preferences.

The provider had in place a training schedule for all 34 staff. A training matrix record was reviewed. Mandatory training provided by the registered provider was effected by the recent COVID-19 restrictions preventing face to face training. All staff had previously received training in relation to safeguarding vulnerable adults, fire and safety training and managing behaviours that challenge. 66% of staff were booked on refresher training courses for fire and safety and managing behaviours that challenge which were unavailable during the pandemic. Staff training records demonstrated recent training in the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training and infection prevention control measures. Staff had also undertaken additional training to meet the assessed needs of the residents in the areas of manual handling, first aid, food preparation and medication management.

The registered provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge undertook to include the specific emergency procedures in the event of a fire, for each house. The certificate of registration was clearly displayed in the service. The directory of residents was well maintained and all required information was included.

As required by regulation, the registered provider had undertaken two 6 monthly unannounced visits and reports of the service as well as an annual review of the quality and safety of the service to residents. Residents and family views were sought and included in the annual review of services. Issues identified were allocated to a named person and a time for correction or completion attached to them. Some additional staff resources had been applied to the designated centre

during the course of the pandemic and in the absence of day services. Staff meetings were regular and accurately recorded. Meeting included a focus on improvements to the residents living environment, the updating of goals and care plans as well as the provision of a meaningful day to residents.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector reviewed a number of notifications previously reported. It was clear that protective measures were put in place by the registered provider to prevent recurrence as well as reducing the impact on residents. Appropriate investigations had been undertaken by the registered provider and the inspector was assured that newly implemented procedures were effective and subject to the registered providers ongoing review and oversight. Any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed. Unfortunately, one resident has passed away suddenly at the start of the year. This had been an unexpected death which had significantly impacted on residents and staff alike. The registered provider had conducted a review of the circumstances and put in place support mechanisms as the events continued to impact greatly on all those that were present on the day. The resident was very much missed.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood. The registered provider also had a current complaints log in place. One complaint recorded remained open and did not relate to residents directly. The person in charge had documented the nature of the complaint and the communication with the complainant, as well as how the issue was to be addressed to the satisfaction of the complainant.

#### Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who had the suitable experience and qualifications for the role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the qualifications and skill mix of staff was appropriate to the residents assessed needs, however, the number of staff in one house was not appropriate to the number of residents.



Judgment: Substantially compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had in place a directory of residents that was accurately maintained.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to deliver effective care and support to residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a current contract of residency in place that outlined the terms and conditions of residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place an up-to-date statement of purpose that accurately described the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector in writing of all adverse incidents within 3 working days of occurrence.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was known to residents.

Judgment: Compliant

## Quality and safety

Overall, the inspector found this designated centre was providing a service that was safe for residents. Staff were actively advocating on behalf of residents and their return to day services. Residents strongly identified that the residence was their home and that staff protected and assisted them in many aspects of their lives. Previous areas of non compliance had been addressed.

Residents indicated that they liked living in a home where they had their own single bedroom. The premises were clean and well maintained internally and externally. Floor coverings in two of the houses required replacement and repair particularly in corridors and on one stairs. Some minor paint works were contracted and awaiting commencement. Residents were supported and assisted to maintain their own living areas, bedroom, bathroom and kitchen dining areas. Areas had good natural light. Residents were also supported to do their own laundry. There was sufficient room for residents to store personal property, possessions and items of interest.

The houses contained individual fire alarm systems. All fire exits on the day of inspection were observed to be clear. Staff recorded daily fire checks and fire drills demonstrated that all residents could be safely evacuated through horizontal evacuation. All rooms and corridors had emergency lighting. All fire prevention and detection systems had been serviced by a fire competent person in August 2021. Fire extinguishers had been serviced and fire blankets were present in kitchen areas. Paint containers stored in a closet that was located in a fire escape corridor were

removed by the person in charge on the day of inspection. This closet also contained archived residents files and information that was noted to be unlocked. The person in charge undertook to lock the closet to ensure the privacy rights of residents were upheld.

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served. Residents also said that they liked eating out. Residents enjoyed spending time in the presence of staff in the kitchen area and those that did not wish to engage in an activity were seen to observe and enjoy others partaking.

Residents had defined goals that were subject to review by a designated key worker. The annual review of plans incorporated the input from the resident, their key worker, families and the multidisciplinary team. All personal care planning documentation was accessible and maintained in good order. A number of residents files were reviewed by the inspector. Goals were agreed with the residents, however, some goals had not been achieved or the effectiveness of the plans reviewed. Each resident had a current plan and information in relation to their healthcare needs. Plans were comprehensive. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments and appointments. Positive behaviour support plans were supported by current psychological reviews.

Restrictive practices were noted to be subject to review by the registered providers restrictive practices committee and were for the least restrictive measure. Restrictive practices in place on the day of inspection had all been previously advised to the Health Information and Quality Authority (HIQA). Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. A proposed resident who had recently been referred for admission was to have a transition plan put in place once a contract of admission was signed by them and their family.

The risk of COVID-19 and its impact on the residents was clearly documented. The registered provider had easy to read documents to explain COVID-19 to residents. Staff had facilitated family visits to the designated centre through garden visits, however residents were starting to resume home visits and stays at the time of inspection.

All three houses were observed to be clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. Staff had undertaken training in infection prevention controls, as well as hand hygiene. Staff practices and the use of PPE on the day of inspection was noted to be good. Staff supported and reminded residents of the risk of infection. All residents touched elbows with the inspector and were aware not to shake hands. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness in August 2021. The registered provider had a staff contingency plan in place. The person in charge was the registered providers nominated lead worker representative. Current

advice from the Health Protection and Surveillance Centre including variants of concern, was available on site and implemented. The recording of staff, residents and visitors temperatures was adhered to by all staff. Staff used an independent entrance when attending work.

Residents were been supported to communicate in accordance with the residents' needs and wishes. Some residents used mobile phones and had access to the internet and used electronic tablets. Each resident had a television in their bedroom. All communication with residents family members was well recorded. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families over the course of lockdown. All houses had a notice board which clearly illustrated the photographs of staff on duty across the week by day and night.

The storage and administration of medicines were observed to be in accordance with appropriate and suitable practices.

### Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

The registered provider ensured that each resident could receive visitors as well as visit their families in line with current public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control of their person property and possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support based on the residents assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some internal paint works were awaited and floor coverings required repair and replacement.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food that was nutritious and choice was offered.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had a residents guide in place and all regulatory required information was current.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre. There was a current risk register maintained in the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system in place, however paint was inappropriately stored in a closet located on a main fire escape route.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had a individual care plan that was subject to review by their nominated key worker, however the effectiveness of plans were not reviewed and goals were not achieved by some residents.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare

plan in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider had behaviour support plans in place to inform residents care plans and all information was subject to review.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care, however, not all residents had the freedom to exercise choice and control over their daily life which was dependent on the staff allocated to one house. While the overall dignity and respect of residents was observed to be well maintained, personal information relating to some residents were maintained in an unlocked closet on a corridor.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                        | Compliant               |
| Regulation 19: Directory of residents                                | Compliant               |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Compliant               |
| Regulation 3: Statement of purpose                                   | Compliant               |
| Regulation 31: Notification of incidents                             | Compliant               |
| Regulation 34: Complaints procedure                                  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 11: Visits  | Compliant               |
| Regulation 12: Personal possessions                                  | Compliant               |
| Regulation 13: General welfare and development                       | Compliant               |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 18: Food and nutrition                                    | Compliant               |
| Regulation 20: Information for residents                             | Compliant               |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 27: Protection against infection                          | Compliant               |
| Regulation 28: Fire precautions                                      | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services                 | Compliant               |
| Regulation 5: Individual assessment and personal plan                | Substantially compliant |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support                           | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights                                      | Substantially compliant |



# Compliance Plan for Rathmore Residential Services OSV-0003430

Inspection ID: MON-0029356

Date of inspection: 14/09/2021

## 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 |
| Outline how you are going to come into compliance with Regulation 15: Staffing: Dismat will be submitted to HSE to request additional staff support to meet needs of residents in area identified. Reopening of external day services has commenced and this will be increased in line with national guidance. |                         |
| Regulation 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Request for cover covering repair and replacement has been submitted. Plan in place for internal and external painting in progress.  |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Paint containers stored in a closet that was located in a fire escape corridor have been removed.  |                         |

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|---|-------------------------|
|   |                         |
| 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:<br/> Review of goals set with residents to ensure goals SMART. Training requested on developing personal plans and goal setting for staff.</p> |                         |
| Regulation 9: Residents' rights   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> Storage of active and archived residents' files are in a secure and locked location to ensure the privacy rights of residents are upheld.</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(1)       | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow      | 20/02/2022               |
| Regulation 17(1)(b)    | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.   | Substantially Compliant | Yellow      | 25/01/2022               |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment,  | Substantially Compliant | Yellow      | 14/09/2021               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | means of escape, building fabric and building services.  |                         |        |            |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.                            | Substantially Compliant | Yellow | 20/10/2021 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | Substantially Compliant | Yellow | 25/02/2022 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.  | Substantially Compliant | Yellow | 30/11/2021 |
| Regulation 09(3)    | The registered   | Substantially           | Yellow | 30/09/2021 |

|  |  |           |  |  |
|--|--|-----------|--|--|
|  | provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Compliant |  |  |
|--|--|-----------|--|--|