



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

Issued by the Chief Inspector

Name of designated centre:	Cumas New Ross
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	16 January 2024
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0040555

About the designated centre

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

The statement of purpose outlines that the service provides full-time residential care to 12 residents both male and female. Residents must be independently mobile and require low support from staff. Staffing arrangements are currently two staff on duty in each house during day time hours when residents are present and one waking night staff. The current staff team comprises of a mix of social care workers and social care assistants. The centre comprises two houses, one bungalow and one two-story property, located some distance from each other in a coastal town. It is within easy reach of all local facilities and services. Both houses are large and comfortable. All residents have their own bedrooms and there is sufficient living and communal areas to afford space and privacy for the residents. There are a number of day services attached to the organisation which the residents attend.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 January 2024	08:30hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced risk based inspection completed to review the provider's progress with achieving and sustaining compliance with regulations and standards and to review residents' quality of care and access to safe services. The Health Service Executive remains as the legal entity of this service following the cancellation of the centre's registration while it was operated by a previous registered provider. The findings of the current inspection indicated that overall compliance levels remained stable and residents were experiencing a good quality of life and were overall kept safe. Some improvements were required in keeping some residents' finances safe, notification of incidents to the Office of the Chief Inspector, meeting all the assessed needs of residents, and staff training.

The inspection was completed by one inspector across a one day period. The inspector spent time with residents, both speaking directly with them and observing care practices, speaking with staff and management, and reviewing key documentation in relation to care needs to get a sense of what it was like to live in the centre.

There were two houses associated with the designated centre. The inspector visited both houses and met with 11 of the 12 residents that lived in the designated centre. There were six residents living each house availing of full-time residential care.

The first home associated with this designated centre was located in a rural area. It was a short driving distance to the nearest local town. The home was a detached bungalow building surrounded by a large garden area. Maintenance and redecorating works had been completed in many parts of the house. All bedrooms had been painted with new curtains and furniture purchased, one bathroom had been completed renovated and a second bathroom was in progress. Some works remained outstanding on the day of inspection, for example communal areas of the home required painting. There were plans in place to complete outstanding works in the coming weeks. The home overall presented as warm and well kept. Residents had personal items on display such as photographs of friends and family members in their bedrooms. One resident enjoyed making pottery and had pieces around the home to store items in such as keys and pens.

On arrival at the centre the inspector was welcomed by a staff member and brought into the dining room. A second staff member was also present to support the residents. Three residents were present in this room at this time. They were happy to meet with the inspector and chat to them about their upcoming plans for the day. All residents in this house attended day service five days a week. Residents told the inspector about their Christmas break, going out to the local pub and upcoming tv appearances on a national television show. The residents seemed comfortable and were seen to get up from the table and clean up dishes and get items from the kitchen. Staff frequently came in and out of the room to check on the residents and

offer support. The residents and staff chatted in a familiar manner.

Later in the morning the five residents were in the sitting room waiting to go to day service. The residents were seen to get items ready for the day with staff checking in on them to ensure they had everything they needed and that they had appropriate clothes for the cold winter morning. A resident happily chatted to the inspector and told them that they were settled in the house. They told the inspector they were listened too and their choices were respected. One resident in this home liked to take their time with their morning routine. Staff explained that this resident did not like to be rushed and was brought to day service when they were ready to go. There was sufficient staff in place to ensure that this residents' right to choose their routine was respected and facilitated.

The inspector spent the latter part of the inspection in the second home. On arrival there were no residents present as they were at their day service. The inspector completed a walk around of the premises with the residential team leader. The house was a large two-storey home located near a town in Co. Wexford. Again the house was clean and well kept. Residents had access to a kitchen area, dining area and sitting room. Downstairs there were four bedrooms and two bathrooms that were used by residents. Upstairs there were two bedrooms and two bathrooms. One bathroom was partially decommissioned as it had significant mould present. This bathroom was due for renovation the following week. The second bathroom upstairs had recently been renovated and the final stages of fitting items was occurring. Additionally, there was a room allocated as a staff office and another room was being designated as a sensory/relaxing space for residents. The works were to commence in this room in the coming weeks.

Residents came home from their day service later in the evening. They were welcomed home by staff and moved freely around their home. Residents came up to the office to introduce themselves to the inspector. One resident was very eager and excited to show the inspector their new bathroom. Some residents were relaxing in front of the television and other residents were enjoying a cup of tea in the dining room with a family member who had come to visit. Residents appeared relaxed and content. Dinner was being prepared at this time. There was a whiteboard displayed in the hall with staff on duty, meals planned for the weeks and evening activities. The decision around these items were made in conjunction with residents at the residents meeting on a weekly basis.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the

regulations and standards. The inspector found that this centre continued to meet requirements of the regulations in many areas of service provision. However, some improvements were required in ensuring notifications to the Chief Inspector were submitted in a timely manner the effective monitoring of staff training in the centre. For the most part, the provider had identified areas of service improvement and were in the process of continuing to rectify and improve identified issues. Significant work had been put in place in to devise and implement management systems in the service to ensure that it was safe and identifying areas of improvement in a timely manner.

The provider had had implemented a number of measures to ensure effective oversight. This included having an organisational structure with clear roles and responsibilities outlined for each role. Regular reviews and audits were occurring both at local and provider level to ensure the service was monitored and areas of improvement were identified in a timely manner.

The inspection was facilitated by the person in charge and the residential team leader. They both had extensive knowledge of aspects of service provision, residents' specific needs and how to progress positive changes within the service. There were clear lines of authority and accountability with staff knowing who to report to if any issues occurred within the service.

Sufficient resources were in place to ensure that residents were supported in an effective manner. Two staff were present in the houses to support the residents in the day and one waking night staff in each home accordingly. Although, it was a new staff team in place all staff spoken with felt supported and had the competencies to complete their role accordingly. The majority of staff had completed mandatory training and training in relation to residents specific assessed needs. A small number of staff required training in some specific areas.

Regulation 15: Staffing

The registered provider had ensured there were sufficient staff in place to support the residents. On the day of inspection there was a number of vacancies for permanent posts, however a large relief team was in place to ensure that the number of staff on duty could support the residents in an effective manner. There were ongoing recruitment drives in place. There was no use of agency within the organisation at the time of inspection.

Rosters were completed six weeks in advance and were well maintained with roles of staff clearly described. Residents were supported by a team of social care workers and social care assistants. They reported directly into the residential team lead. The inspector had the opportunity to speak with a number of staff members on the day of inspection. Staff were knowledgeable around residents' specific needs, risks, likes and dislikes and all staff expressed that they enjoyed supporting the residents.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, the staff team were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs. A training matrix was in place that highlighted mandatory training that was completed such as safeguarding and protection training, fire safety training, safe administration of medication, and managing behaviour that is challenging. In On review of the matrix a small number of staff were due training in areas such as fire safety, managing behaviour that is challenging, manual handling, first aid, and infection prevention and control trainings. Although some staff were booked on training this was not reflective all staff that required the refresher or initial training. In addition, some residents had a specific assessed healthcare-need. Training in this area was not accounted for on the training matrix. The person in charge discussed that some training had occurred in this area however, there was limited evidence of what staff had completed.

All staff, including staff on the relief panel were receiving regular one-to-one supervision with the residential team leader. The residential team leader was supported by the person in charge. Supervision of staff had increased to monthly as the staff team was relatively new. All staff spoken too felt supported in their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that overall residents received a service which met their assessed needs. A full time, suitably qualified and experienced person in charge who was knowledgeable around residents specific needs and preferences. They were directly supported in their role by the residential team leader.

The provider had implemented a number of new policies and systems to ensure effective oversight was occurring in key areas of service provision. For example, an updated medication policy was devised with suitable systems in place to ensure medication was administered in a safe and effective manner.

Provider level audits and reviews as required by the regulations had been completed and where actions were identified, plans were in place to address these to improve the overall quality and safety of care.

Overall levels of compliance were sustaining since the last inspection with evidence

that residents were in receipt of a service that overall met their assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Overall the admission process was in line with the providers policies and procedures. A contract of care was provided to all residents which outline the charges to be paid while residing in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place. This outlined the required information as set out in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could negatively impact residents. Since the last inspection a total of 12 notifications were submitted outside the required time frames as set out in the Regulations. For example, a notification detailing an alleged safeguarding concern was notified 96 days post incident. The regulations set out that these types of notifications must be submitted within a three day period.

Judgment: Not compliant

Quality and safety

The inspector spoke with residents, completed observations of care and support, spoke with staff and reviewed key areas of documentation to ascertain the level of safe quality care being delivered in the designated centre. All residents appeared

content in their home and some residents expressed that they were happy and well looked after. The residents lived in a clean comfortable house where by for the most part their assessed needs were being met. Continued improvements were being made to the premises condition and renovation of bathrooms to ensure the centre infection prevention and control measures could be met. However, some improvements were required in oversight of financial matters, healthcare and ensuring all the assessed needs of residents were being met. This is discussed in further detail in the report.

Overall, safeguarding measures were in place to ensure all residents safety. Some safeguarding incidents had occurred in one home associated with the designated centre and safeguarding plans were in place and being implemented by staff to keep residents safe. In addition, new systems around financial oversight had been put in place and had identified areas of improvement to ensure residents finances were adequately accounted for and safeguarded. However, one residents finances had not been subjected to same level of oversight and relevant risks had not been identified or mitigated.

A number of premises improvements had occurred within the designated centre, all bedrooms had been redecorated with new flooring, bedding curtains and painting have been completed. Some outstanding painting works were required in communal areas, however, there was a plan of works in place to ensure this would occur over the coming weeks. Bathrooms were in the process of being renovated. Two bathrooms had been completed. One bathroom was in process of renovations and two bathrooms were also earmarked for improvements. Due to the condition of some of these rooms, effective infection prevention and control (IPC) measures could not be adhered too. Once the renovation works were completed this would be rectified.

A sample of residents files were reviewed in terms of their healthcare-needs being met. The majority of residents had been accessing health and social care professionals in line with their specific assessed needs and care plans were in place to guide staff practice. One resident had not visited some health and social care professionals in line with specific and general assessed needs. In addition healthcare plans required review to ensure they were updated in line with relevant changes following medical appointments.

Regulation 17: Premises

The centre layout was suitable to meet the needs of the residents. There were a number of good sized communal areas, including a kitchen come dining room and sitting room in each of the homes. Each of the residents had their own bedroom which had been personalised to their own taste. All bedrooms had been renovated to ensure they maximised the space and were well presented. For example, in one residents bedroom large built in wardrobes had been removed as they were taking up most of the space in the room. They had been replaced with more suitable

storage increasing the size of the room and making it a more usable space.

Identified premises works were ongoing at the time of inspection. Plans were in place, funding secured and appropriate tradesmen were sourced to ensure the work could be completed in a timely manner. The provider had recently employed more resources in terms of staff dedicated to maintenance work. Some of this staff team were present on the day of inspection and were observed to be completing work in relation to the premises.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Since the last inspection there was one new admission to the designated centre. For the most part the transition was planned to meet the needs of the new admission and also considered the needs of the residents living in the designated centre. There was a transition plan in place. The suitability of the placement was under consideration by the funder and the provider on an ongoing basis.

Judgment: Compliant

Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. A centre-specific risk register was in place which identified a number of specific risks and had been reviewed on a regular basis. There were also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed.

The provider was recording incidents on the National Incident Management System. Incidents were being reviewed by senior management and learning was being identified to ensure relevant risks were mitigated as required.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the centre was visibly very clean on the day of inspection. Staff were observed to be engaging in cleaning duties and there was guidance to place to ensure the centre was cleaned in an effective manner on a regular basis.

However, due to the condition of some areas of the home, namely some bathrooms and a laundry room, effective practices in relation to IPC could not be adhered to. For example, mould was present in a bathroom (partially decommissioned for use) and laundry room. There was an ongoing plan in terms of maintenance works and improvements in place with funding secured.

In addition the storage of mop systems required review to ensure best practice in relation to IPC could be met. On the day of inspection mop heads were being dried on radiators and mop storage was in an area where sufficient IPC measures could not be taken.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place of fire safety management such as suitable fire safety equipment, staff training, emergency exits and lighting. There was an up-to-date centre specific evacuation plan and up-to-date person specific evacuation plans. Suitable fire containment was in place. New fire doors had been installed in many parts of the centre. In addition, all the fire alarms had been upgraded to ensure they met all the relevant safety standards. Fire drills were occurring at regular intervals that practiced a variety of emergency situations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a review of a sample of files it was evident that residents had an up-to-date assessment of need in place with an associated care plan to guide staff practice. The majority of residents were receiving care which was person-centered and tailored to meet their assessed need.

However, for one resident within the centre, due to the complexities associated with their recent diagnosis and previous history, the centre was not fully meeting all their assessed needs. The provider had identified through their own audits and reviews that the placement in the designated centre was potentially not suitable on a long term basis. The provider had made good efforts to gain support from health and social care professionals as aspects of care and support required this input. For example it had been identified that this resident required access to a social worker. However, on the day of inspection this was not in place. Following the inspection, the person in charge contacted the inspector to inform them that the provider had sourced a relevant health and social care professional to assist them in supporting the resident. As this was a new development in terms of the registered provider

meeting all the resident's specific needs further time was required to ensure this was the best manner in assisting the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents could access a range of health and social care professionals and multi-disciplinary supports in the community as required. The inspector reviewed a sample of healthcare files and saw for the most part residents had good access to healthcare that they needed. For example, residents visited hospital consultants, chiropody, dentists, and opticians. However, not all healthcare plans were updated following visits with health and social care professionals with their specific recommendations. For example a resident had visited a consultant in September 2023 and their healthcare plan had not been updated following this visit.

In addition, one resident had not visited or attended some health and social care professionals following their recent admission to the centre. Therefore the provider had not obtained full details in relation to all aspects of the resident's specific healthcare needs and had no records to when these visits last occurred for this resident. This included visits to dentist, opticians and attendance at national screening programs. However, this resident had attended their general practitioner and the provider was engaging with this resident to ensure the best possible health care was in place at all times.

Judgment: Substantially compliant

Regulation 8: Protection

There were some good practices within the centre in relation to keeping residents safe. Allegations of potential abuse had been identified, investigated and reported accordingly. The provider was actively putting in measures to keep residents safe. For example, additional communal space had been identified as a required need in one part of the centre. This would ensure residents had safe and quiet spaces to relax in if they so wished. On the day of inspection this room had been identified and was in the process of getting works done so it was a suitable space.

In terms of financial safeguards, an updated policy was in place with updated systems implemented since November 2023. These systems had been applied to 11 of the 12 residents and were effective in ensuring residents' money was kept safe.

However, for one resident the provider had no financial oversight of their accounts and therefore could not adequately safeguard the resident. Bank statements were

obtained on the day of inspection and not all transactions could be accounted for by the provider. The resident was assessed as needing support due to their specific vulnerabilities and this had not been in place to an effective degree.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0040555

Date of inspection: 16/01/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Training System has been adapted to include the specific date when the staff member last completed the training. All outstanding training has been scheduled and a quarterly training review process has been put in place. Training in regard to specific care supports have been sourced and include care of the older person and caring for residents with diabetes.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Clarification of reporting requirements has been communicated by line managers and the residential team lead has taken responsibility for preparing the portal notifications</p>	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

All bathroom upgrades are being completed on a schedule by the same contractor, who provides Cumas with as much availability as possible. The bathroom with evidence of mould on the day of the inspection has been scheduled and has now been completed. An outdoor storage and containment area for storing and drying mops has been sourced and is scheduled to be installed.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge has reviewed all documentation, clinical consultation records and support plans. They are up to date and a review has been completed with staff. The allocation of this work has been issued to a specific staff grade within the designated centre team and a review has been undertaken with staff on the importance of record-keeping and reporting.

Cumas are continuing to engage with a variety of external statutory and voluntary agencies with one resident with complex needs. Funding has been secured to engage an experienced external professional to engage with this resident, on an independent capacity as they have been refused access to a number of primary care services. This also ensures independent decision support is available for the resident.

Regulation 6: Health care

Substantially Compliant

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

The Person in Charge has reviewed all documentation, clinical consultation records and support plans. All health appointments have been scheduled including the residents annual review with their GP. A review has been completed with staff to ensure learning from the gaps found on the day of the inspection. A care file audit will be conducted on a quarterly basis and the PIC will complete random spot checks on resident files.

For one resident with a variety of complex needs Cumas is working with a range of external statutory and voluntary agencies to meet a variety of needs. Funding has been secured to engage an experienced external professional to engage with this resident, on an independent capacity as they have been refused access to a number of primary care services. This also ensures independent decision support is available for the resident.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The resident has now consented to a review of their money management supports and has agreed to share their bank statements and allow staff to support them with their day-to-day money transactions including online transactions.</p> <p>A full review of transactions has taken place for 2023 with the resident and their finances are subject to governance and oversight set out in our policy on managing money and possessions. An independent external support professional has been sourced and is due to commence working with Cumas and this resident.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2024
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	31/05/2024

Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	14/02/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	14/02/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2024
Regulation 06(1)	The registered	Substantially	Yellow	30/04/2024

	provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2024