



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	09 August 2021
Centre ID:	OSV-0005283
Fieldwork ID:	MON-0026659

About the designated centre

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

The provider of the service describes the designated centre as an adult residential service which aims to offer a homely environment to seven adults with supports tailored to meet their specific needs. It aims to offer high-quality, evidence-based care in line with a person's assessed needs and wishes, with a focus on involving family and relevant professionals and therapists. The designated centre comprises of two properties in close proximity to each other. These properties are located in the suburbs of a large city. One property is a large house split into two levels and comprising one first floor apartment accommodating one resident and a large ground floor accommodating three residents. Each resident has a single en-suite bedroom. The ground floor consists of two living room areas, three single en-suite bedrooms, a utility room, a staff office and a dining room / kitchen. The first floor apartment consists of a living room, dining room / kitchen and bedroom en-suite. There is also a staff sleepover bedroom en-suite. There is a fully enclosed private rear garden and a gated front car park. The second property is a bungalow comprising of three single bedrooms en-suite, a staff sleepover room, a kitchen / living / utility room. This property is wheelchair accessible and its front and rear gardens are well maintained. The staff team comprises of social care workers and health care assistants. Residents had direct access to the local community. The provision of external day services to residents was on hold at the time of inspection.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Monday 9 August 2021	9:00 am to 5:00 pm	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector visited both houses on the day of inspection and met and spoke with the five residents and seven 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. The resident was very comfortable and open as they relayed how they had recently transitioned to their new home. Staff afforded the resident privacy to talk to the inspector. This resident had a dog which was very much part of their life and the household. The resident appeared unhurried and at ease with staff who were known to them. The staff complement on duty allowed for one to one supports to be given to the resident as needed. The registered provider had allocated staff to the direct support of this resident in their own home. These staff members were familiar with the residents 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. Much of the planned activities for the day were led by the residents choices.

This resident maintained close contact with their family who visited regularly. The resident was to attend a hotel in the coming week for a number of days with their parents. The resident had commenced a savings plan for the purpose of visiting America in the future. This was with staff support. The resident explained in great detail the supports they had received previously to visit a European country and their place of birth.

The residents bedroom was personalised, homely and had involved the residents preferences. Furnishings in other bedrooms were delivered in flat packs and awaiting to be put together. The resident was aware of a new resident moving into the house in the near future. They had met the new resident on a number of planned occasions and had put a welcome card in the new residents bedroom.

The kitchen / dining room and living room were the central areas that the resident gathered in to watch television and engage with staff and relax with the dog. The resident had unrestricted access to all internal areas of the house. The resident did not have the access code for the front door of the house as part of an ongoing risk assessment relating to their settling in. They did have access to the rear door of the house. The resident had the use of a vehicle that was located at the residence and they had also been involved in a discussion on the purchase of a new vehicle. Movement within the community was subject to risk assessment and this resident was continuing to familiarise themselves with the new area and community. Many excursions were on foot and incorporated walks with the dog and staff. In the absence of day services, this resident planned their own day to include shopping

trips, visits to cafes and was actively exploring the possibility of commencing a photography course.

The resident had a specific support plan in place and was subject to direct supervision of staff when utilising information technology. This restrictive procedure was very well documented by the staff team and fully understood by the resident, even though at times it was a source of annoyance to the resident. In response to this, the registered provider had a dedicated psychology service supporting the resident on a weekly basis. The resident said that they looked forward to this engagement and hoped that it would assist them to get greater access to their mobile phone.

In the second house residents acknowledged that they missed their friends and family during the lockdown. Unfortunately, two residents had lost family members during the pandemic and this was a source of great sadness to them. These two residents had found their recovery from COVID-19 difficult, protracted and stressful. Interactions between residents had resulted in a number of incidents and complaints that the staff had addressed appropriately to the satisfaction of residents. Resident meetings and forums were used to offer residents better understanding of their peers stresses and difficulties and how staff would assist to address them. Multidisciplinary team members were actively involved in the direct support of residents and staff to promote a meaningful day as well as devise programmes to reduce stress and frustration. Additionally, medical input had been sought to address residents symptoms indicative of a physical illness. Staff demonstrated very good knowledge of residents presentations and when not to intervene directly. One resident had a complex presentation and could accept and reject an offer of assistance all in one sentence. Similarly they could present as very depressed and morose but immediately respond to staff interventions by smiling and laughing.

Each resident had a single bedroom that staff had assisted them to personalise. Residents viewed their bedrooms as private spaces and stated that staff respected their privacy. One resident expressed a wish to have additional privacy measures installed in their bathroom and was to meet with the providers maintenance department to explore options.

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. Cookies baked on the afternoon of inspection involved residents participation. This house also had a vehicle to facilitate trips and excursions. Residents looked forward to increased social activities and a resumption of day services.

Family members met on the day of inspection were very complimentary in relation to the staff and the service provided to their relatives. Access to staff and the ease of transition from home living to living in a residential centre were some aspects highlighted. Greater detail and focus on personal and intimate care and the possibility of visual programmes and prompts were suggested to support the written activities schedules in place.

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. The inspector found that there were systems in place to ensure residents were safe and in receipt of good care and support where choice was offered and residents rights respected.

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 residents. The registered provider had undertaken to recruit additional staff, including the appointment of an incoming person in charge. This action was to reduce the number of designated centres managed by the existing person in charge and improve overall governance, direct staff supervision and staff support. The focus of support to residents was observed to be person centred in a homely environment. Residents had meaningful engagement with their families and the local community. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and had responsibility for four other designated centres. A proposed new person in charge was met on the day of inspection. This person had a good understanding of their role and had previously occupied this role with other registered providers. 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 and there was evidence that activities were facilitated in the absence of structured day services. Multidisciplinary team members were involved directly with residents in the designated centre to install and support existing care plans. This reduced stress and encouraged community activities and inclusion. Residents said that they felt safe and well supported by staff in general and during the pandemic.

The provider had in place a training schedule for all staff. The training matrix records of six staff were reviewed. Mandatory training provided by the registered provider was effected by the current COVID-19 restrictions, however, only two staff required refresher training that had already been booked. All staff had received training in relation to safeguarding vulnerable adults, fire and safety training and managing behaviours that challenge. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training and

infection prevention control. Staff had also undertaken additional training to meet the assessed needs of the residents.

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 ensured that the statement of purpose was updated. Minor inaccuracies related to staffing were addressed on the day of inspection by the person in charge, to inform the renewal of registration application. The certificate of registration was clearly displayed in the service. The directory of residents was well maintained and all required information was included.

The inspector observed that the service provided to residents was safe and appropriate to the assessed needs of residents. Additional staff resources had been applied to the designated centre during the course of the pandemic and in the absence of day services. As required by regulation, the registered provider had undertaken two 6 monthly unannounced visits and reports of the service in May and November 2020. There were gaps in the information provided to the inspector. Some actions to be taken were delegated to the shift leader but time frames for completion were vague or not stated. One six monthly report did not reflect the signature of the person in charge or whether the findings had been discussed with the person in charge. The reports did not reflect whether families views were sought and recorded on the quality and safety of the services provided. The annual review did not indicate when it was undertaken. Documented staff meetings were infrequent. This was an area that the incoming person in charge was to focus on.

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 in place an insurance policy to cover accidents to residents as well as loss or damage to property.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy to read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. In instances where staff were the subject of a complaint, the registered provider had ensured that the staff member was not involved in handling the complaint.

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 had identified some notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider. Any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed.

Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who was suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, including regulatory required refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained an up-to-date directory of residents with the regulatory prescribed information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose. However, families views are required by regulation to be reflected in the annual review and they were not. Records reviewed indicated that staff meetings were infrequent.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a current contract of admission outlining the terms and conditions of their residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found this designated centre was providing a service that was safe for residents. One resident had recently transitioned into the designated centre. The house recently attached to the designated centre had undergone significant refurbishment. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere and their easy access to the community. The opportunity for residents to attend work, day services and activation had been greatly impacted by the pandemic, however staff had support measures to replace these activities within the designated centre. The staff team were also supported by members of the multidisciplinary team who attended to the residents regularly to support them with difficulties arising from COVID-19 restrictions.

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. 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 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 said that they enjoyed also getting takeaway food.

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. Priority goals were agreed with the residents. All personal care planning documentation was accessible and maintained in good order. Residents plans and records were held both on an information technology package VCare as well as on hard copy documents. The transfer of information between the old and new system was a work in progress. Four residents files were reviewed by the inspector. Each resident had a current plan and information in relation to their healthcare needs. Plans were comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Each resident had a current risk assessment in place in relation to COVID-19. A COVID-19 outbreak in the designated centre in January 2021 had impacted directly on four residents and most staff members. All residents and staff were recovered and well on the day of inspection, with the exception of one resident whose recovery post hospitalisation had been slow. Medical assessments and multidisciplinary interventions were in place to support this residents continued recovery.

Some 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. Practices reported to HIQA did not reference some restrictive procedures in place that the registered provider was recording as a restrictive practice on site. It was clear that the registered provider had extensive local documentation demonstrating the rigorous and frequent reviews of these practices and the direct involvement of the multidisciplinary team to support residents and staff in the context of their implementation. The non reporting was due to a misunderstanding in relation to the definition of a restrictive practice. The person in charge undertook to report all restrictions in place going forward.

There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The risk of COVID-19 and its impact on the residents was included. The registered provider had easy to read documents to explain COVID-19 to residents. The person in charge had conducted audits and a self assessment in relation to the services preparedness to deal with COVID-19. Families were kept apprised regarding safety measures in place to combat COVID-19. A number of residents had ceased visiting their family home and availing of weekend breaks. Staff had facilitated family visits to the designated centre through garden visits, however residents had resumed home visits and stays at the time of inspection.

Both 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 personal protective equipment on the day of inspection was noted to be good. Staff supported and reminded residents of the risk of infection. 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. The registered provider had a staff contingency plan in place. Current advice from the Health Protection and Surveillance Centre was available on site and implemented. Information relating to the recording of staff, residents and visitors temperatures was not consistent with the registered providers own policy.

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. 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. There were no restrictions to visitors to the designated centre and staff supported residents to attend community based activities. Some residents had recommenced swimming and had plans to return to a private gymnasium once a minor medical condition was resolved.

The designated centre contained a modern fire alarm system. 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. All rooms and corridors had emergency lighting and running man signage. All fire prevention and detection systems had recently been serviced by a fire competent person. Fire extinguishers and a fire blanket had also been serviced in 2021. Residents could identify the fire evacuation points and some residents had undertaken specific fire

training with the registered providers fire competent person.

All staff interactions with residents were seen to be respectful, gentle and unhurried. Residents stated they were happy in the presence of staff and happy with the support they received. Residents consent was sought on all matters and the focus of service provision was person centred. Residents had the freedom to choose activities and community activities were planned in line with current public health guidelines.

Regulation 11: Visits

Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services and direct staff supports within their home.

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 areas of the designated centre required and awaited painting and minor repairs and the maintenance department had been notified.

Judgment: Compliant

Regulation 18: Food and nutrition

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

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.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that all residents were protected from the risk of healthcare and COVID-19 infection by implementing current guidelines, however the registered providers own policy of recording residents and staff members temperature twice a day and recording temperatures of visitors was not always adhered to.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review and goals and outcomes were person centred and their effectiveness was assessed in terms of the impact of the pandemic on their achievement.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place and residents current healthcare conditions and requirements were well known to staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time, however, not all restrictive procedures were reported to the HIQA.

Judgment: Substantially 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. Residents had current safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially 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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadowview OSV-0005283

Inspection ID: MON-0026659

Date of inspection: 09/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The views of families will be reflected in all annual reviews. Staff meetings will be completed every second month as per WIDA procedures. Both actions will be implemented going forward effective from 3rd September 2021.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The temperatures of all residents and staff will be recorded twice daily and the temperature of all visitors will be recorded on entry to the service. Both actions have been implemented from 9th August 2021.	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In addition to recording all restrictions in the restrictions log, HIQA will also be informed of all restrictions through the quarterly notifications of restraints. This action will be implemented by 31st October 2021 and every quarter thereafter.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	03/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	03/09/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	09/08/2021

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	09/10/2021