



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

Issued by the Chief Inspector

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0037314

About the designated centre

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

Dereen Services is registered to accommodate six residents over the age of 18 years. Both male and female residents who have a moderate to profound intellectual disability and some have additional physical disabilities are accommodated. The service can support individuals with complex needs such as physical, medical, mental health, autism, dementia, mobility and/or sensory needs and who may require assistance with communication. It is intended to offer a lifelong service for residents. The centre comprises one house set in a rural area, but close to local towns and villages. Residents at Dereen Services are supported by a staff team that includes; team leaders, nurses, social care workers and support workers. .

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 January 2023	10:30hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the providers compliance with the regulations. Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful relationships.

On arrival at the centre a staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

During the day the inspector met four of the five residents, there was one vacancy. Conversations with residents took place wearing the appropriate personal protective equipment (PPE). The residents did not have the ability to interact verbally with the inspector but they indicated their satisfaction through facial expressions and hand gestures. The residents were very relaxed in their home and were being supported to get ready for the day.

When the inspector arrived two residents were being supported by day service staff in the activities garden room at the back of the house. Two residents were relaxing in their comfort chairs after breakfast and the remaining resident was still in bed as they were unwell.

Resident bedrooms were very individualised with personal items and choice of colour and it was evident that the residents were involved in the running of the centre. There was a garden for relaxation and external activity room where the residents did activities of choice and had exercise machines and a tv.

Residents in this centre had strong relationships with family and visits were encouraged to the centre and there were photos of family gatherings and events.

In the afternoon residents were observed listening to music and being supported respectfully by staff. Staff were observed preparing meals for the residents in line with a textured diet plan and they took great care to prepare nutritious food. The residents were observed to be very comfortable and happy in the centre and in the presence of staff who were noted to be very kind to them. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. There was continuity of care from a core staff team and the staff were well known to the residents. The staff present were very knowledgeable about the residents' needs and preferences and were observed interacting with and supporting the residents. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents did not have the ability to verbally interact and so it was difficult to ascertain their opinions around decision making within the centre however more visual supports and planners could have been used to encourage and support active

decision-making.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. There was plenty of space to receive visitors in private and to relax alone if the resident chose as there was a number of communal spaces available.

Residents enjoy activities although a lot of these are either in house or in the garden activity room however some residents could go out for more activities such as day service or engage more in the local community, the person in charge acknowledged that since the pandemic the residents had not returned fully to community activities.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members.

In summary, the inspector found that each resident's well being and welfare was maintained to a very good standard, the residents had a good quality of life and they seemed happy and comfortable in their home.

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

This centre had good governance and management systems in place which ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge had clear responsibility for the running of the centre and had the appropriate qualifications, skills and experience to ensure that a good standard of care was provided to the residents. Staff spoken with on the day of inspection were clear as to the roles within the centre and the reporting structures in place. All documentation requested was made available to the inspector.

The inspector viewed the rotas across a two month period and found that the actual and planned rota indicated continuity of care from a core staff team. The number of staff and the skill mix on the day of inspection was reflective of the needs of the resident group. The inspector spoke with staff in the afternoon and found that they had a good awareness of the needs of the residents particularly one resident who was receiving end of life care, they had clear understanding of this resident's needs in terms of feeding, skin integrity and personal wishes.

The inspector viewed the training matrix and spoke with staff regarding their

training. Staff members informed the inspector that they had access to mandatory training and refresher training in many areas including infection, prevention and control and safeguarding of vulnerable adults. The training matrix indicated that all the mandatory trainings had been completed by the staff team. The training received was a mix of face to face training and on line training such as hand hygiene, donning and doffing of PPE and antimicrobial stewardship. The fire training was in person and involved completion of fire evacuations of residents and beds through the newly fitted double doors in bedrooms.

The provider had undertaken an unannounced audit of the service in 2021. The audit completed had an action plan to improve quality of care and support in the centre. The audit reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. As part of the annual review questionnaires were sent to the five family members, not all were returned; those that were highlighted positive care practices. One family said that "The standard of care received is excellent. The staff are extremely dedicated, very kind and very helpful – nothing is a problem to them and they keep us updated with everything to do with our family members care". In areas highlighted for improvements it was noted that one action was to increase the staffing at night in the centre in order to facilitate safer night time evacuations in case of fire or other emergencies. Also adaptations were to be made to the premises to allow for bed evacuations in the event of fire. These adaptations were made on foot of a fire engineer assessment which took place in January 2022.

There was an effective complaints procedure in place in an accessible format. There were no open complaints at the time of inspection and there were two compliments sent to the house from family members and a neighbour.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

The inspector reviewed notifications on the day of inspection and found that the person in charge had notified HIQA of all incidents that had occurred and also provided a written report to the chief inspector at the end of each quarter of any restrictive practice or injury to residents.

Regulation 14: Persons in charge

The person in charge was full time and had effective oversight of the centre. They were present in the centre several days per week and were available to support staff as necessary. They had the required qualifications and demonstrated the relevant experience in management.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place which was indicative of continuity of care from a core staff team. The inspector observed kind and caring staff who were very knowledgeable regarding residents needs. They were observed at mealtime preparing specialist meals for residents and supporting the residents to eat in a very respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the staff training matrix it was noted that all staff were trained in the mandatory required trainings. The staff had completed online training in infection prevention and control training on HSEland such as hand hygiene and cough etiquette. Staff informed the inspector that they had also received training in specialist areas such as skin integrity and feeding, eating and swallowing.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures in place and unannounced six month audits had been completed and an annual review. Actions that arose from the audits were either complete or in progress. There were specific actions in relation to fire which the provider had ensured were complete such as installing double doors in three bedrooms to expedite safe egress. They had also continued to maintain a night staff on the rota to support evacuation of residents in the event of a fire.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. It was

reviewed regularly and was available to the inspector when requested.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre. The person in charge had also submitted quarterly notifications in respect of restrictive practice used or non serious injuries. The inspector reviewed all incidents and was satisfied that the person in charge had met all reporting requirements and responsibilities.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place for residents which is in an accessible and age-appropriate format. There were also cards sent to the service outlining two compliments from a neighbor and a family member.

Judgment: Compliant

Quality and safety

The inspector found that the residents in the centre enjoyed a good quality of life and the centre was resourced to ensure that the residents enjoyed a safe service. The residents received a good quality of care and their healthcare and general welfare and development needs were met.

The inspector reviewed the residents personal plans and found that while it ensured that there was good guidance for staff in terms of residents, the residents had not been supported with choosing meaningful goals and returning fully to community activities.

The registered provider had ensured that the residents had access to appropriate healthcare, there was documented appointment summaries indicating that the resident's had regular visits with the occupational therapist, psychiatrist, psychology and their GP. The residents who resided in the centre had high medical needs and the staff were very knowledgeable regarding these and there were protocols in place for mobility and feed eating and swallowing. There were completed

assessments from occupational therapy and recommendations that staff supported certain residents with items such as a specialist sling support. The inspector noted recommendations for specialised footplates and leg pillow were completed and observed by the inspector on the day.

All staff were trained in the management of behaviours that challenge and were provided with guidance and strategies in the form of a behaviour support plan completed by a qualified professional.

While the residents were supported to communicate visuals were required to support the residents understanding of meals and activities available. Currently residents were choosing meals and activities in the moment which meant that there was no opportunity for sampling different meals or activities as these required forward planning. The residents had access to television and Internet and an electronic device to video call their family members.

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. However a lot of activities were in house or in the garden room at the back of the house, some residents had the capability to return to day service or engage with more activities in the community. Residents in this centre had strong relationships with family and visits were encouraged to the centre and there were photos of family gatherings and events.

The provider had a risk management policy in place which was in date and reviewed regularly. The provider ensured that there was a system in place in the centre for responding to emergencies and a continuity of care plan in relation to an emergency occurring. There was risk matrix for the inspector to review and all risks identified such as those related to manual handling were addressed with appropriate control measures and quarterly review.

There was a fire assessment completed by a fire engineer following the last inspection and adaptations to the house were recommended. The fire adaptations were observed to be complete on the day of inspection, there were double doors in bedrooms, fire doors were in place and ramps and rails were placed outside the doors. There was a good fire management system in place which included reduced times for evacuation of residents. The provider themselves had identified further work to be completed to expedite safe egress and hoped to start this in February 2023. There was fully serviced fire equipment in place including fire extinguishers and emergency lighting.

The premises were warm, clean and homely. However laundry practices and laundering and use of mops needed to be reviewed and practice improved in order to maintain good infection prevention and control. Some staff on the day of inspection were not familiar with correct procedures in relation to laundering of residents clothes such as correct temperature.

The inspector reviewed medication practices in the centre and found the ordering, administration and return of medication procedures were in line with the providers own policy on medicines management. The medication cabinet was organised and

the medication administration charts had all the required information on them. Overall medication practices in this centre were maintained to a high standard.

The provider had a policy in relation to safeguarding and protection of vulnerable adults and all the staff were trained in how to protect the residents from abuse or harm. Staff spoken with were very knowledgeable in this area and although there were no safeguarding plans in place they were aware of the individual vulnerabilities of the residents.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life. However active decision making needed to be facilitated and residents supported to chose goals.

Regulation 10: Communication

The person in charge had ensured that the residents were assisted and supported to communicate however; more visuals was required to aid the residents understanding and to facilitate the residents with active decision making.

Judgment: Substantially compliant

Regulation 11: Visits

Visits from family and friends were supported in the centre and there was family communication notes to evidence this.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in some activities; however a lot of activities were in house or in the garden activity room which was a valuable resource to have but should not replace community integration.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was of sound construction and kept in a good state of repair externally and internally and was clean, warm and personalised. The person in charge had ensured the centre was equipped with assistive technology, aids and appliances such as hoists and specialist beds to support and promote the full capabilities and independence of residents. The centre promoted accessibility in that there were ramps and rails for residents to access every part of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which was in date and reviewed regularly. The inspector also viewed risk assessments in relation to use of bed rails and seizure activity. All identified risks had a risk management plan in place including appropriate control measures and risk rating. There was risk assessment in place for safeguarding residents in relation to COVID-19 and a continuity of care plan in the event of an outbreak.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that the residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for infection prevention and control. The staff were observed to wear face masks and sanitise hands regularly throughout the day. The hand sanitising units were all full and clean, and paper towels were available in all bathrooms. There were guidance documents available to support staff to maintain good infection prevention and control. Practices in relation to laundry management required improvement as some staff on the day were not familiar with correct laundry processes such as temperature for washing clothes and only completing one residents laundry at a time. The mops were noted by the inspector to be stored wet outside and the staff were unfamiliar with correct procedures in terms of washing and drying the mops and the required colour for each area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place. The provider had completed significant fire works in order to come into compliance with the regulations. They had put double doors in three bedrooms to expedite evacuation of residents in the event of fire. Fire doors were in place and they closed correctly, there were adequate extinguishers, fire blankets and an alarm system and these were checked regularly by a fire company. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in under three minutes.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found the ordering, administration and return of medication procedures in the centre were in line with the providers own policy on medicines management. The medication cabinet was organised and the medication administration charts had all the required information on them including photo, GP details and known allergies. There was a return to pharmacy receipt book which was stamped and dated by the pharmacy once medication was returned. Staff had all been trained in the safe administration of medication. Overall medication practices in this centre were maintained to a high standard.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of the health, personal and social care needs of each resident was completed and reviewed annually. The plan reflected the resident's needs and was developed through a person centred approach however residents had not been supported in choosing personal and meaningful goals.

Judgment: Substantially compliant

Regulation 6: Health care

The provider ensured each resident received appropriate health care having regard

to that resident's personal plan and assessments completed. The residents had a GP of choice and where medical treatment was recommended the staff team facilitated this such as feeding eating and swallowing plans and epilepsy management plans. There was evidence that the residents were receiving support from occupational therapists and speech and language therapists. The person in charge had ensured that a resident who required end of life support received support with physical, emotional, social and spiritual needs and this was carried out with respect and dignity.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a behaviour support plan in place for one resident who exhibited behaviours that challenge, this was completed by the behaviour support specialist with input from the psychologist. The guidance clearly outlined behaviour support strategies required to support the resident on a daily basis such as redirection and engagement in an alternative activity. The staff were all fully trained in the management of behaviours which supported this plan and had up to date knowledge and skills, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that the residents were protected from all forms of abuse or harm. Residents were supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection through house meetings where safeguarding and advocacy was regularly discussed. Staff were facilitated with training in safeguarding of vulnerable adults and there was a policy in relation to safeguarding which provided guidance to staff. The inspector spoke with staff and they were very knowledgeable in relation to safeguarding and protection of the residents, they were fully aware of how to report a concern if it occurred.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were facilitated with certain choice within the house, active decision making around meals, activities and the choosing of personal and meaningful goals needed to be facilitated with use of visuals, objects of reference or sign language. Residents should be offered the opportunity to return to day service and to local community activities if they so wish.

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 (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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	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	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 Dereen Services OSV-0005327

Inspection ID: MON-0037314

Date of inspection: 05/01/2023

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: In order to come into compliance with the Regulation 10 on Communication:</p> <p>The Person In Charge has met with the staff team on and reviewed each Residents Communication Passport to ensure it was accurate and reflective of each individuals need. After review and Team Discussion on 23/1/2023 a plan was agreed on how to use more visual aids to facilitate activities and choices for Individuals on a daily basis. A new activities visual board and an improved menu board has been put into place. Also a visual timetable has been put in place in the Designated Centre along with a visual cue to record how each individual enjoyed activities they undertook.</p> <p>To instill and provide support for the Team on using more visuals in the daily environment training has been arranged for later in the year for the staff team on Creating a Communication Friendly Environment (for people with high support needs).</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>In order to come into compliance with the Regulation The Person in Charge met with the staff team on 23/1/2023 and reviewed the activities that were in place. At this meeting an enhanced activities schedule was put in place with ideas to be trialed for additional activities both in the Centre and out in the community.</p>	

Going forward on a daily basis an activity board will reflect the structure and plan for the day. The aim of this system is that the process is more individualized, person centered, with both Residents and Staff known the activities for that will occur in any given day.

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 In order to come into compliance with the Regulation on Infection Prevention and Control:
 The Housekeeping folder was reviewed and housekeeping tasks and duties were updated.

 Laundry practices were discussed at team meeting and all staff have been made aware of best practice. In addition staff were advised to refresh their practice and follow Our own Guidance Document on Infection Prevention and Control Manual.

 At Team Meeting the use of Mops were reviewed and local changes have been made in order to maintain good infection prevention and control measures in line with our guidance manual on Infection Prevention and Control.

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:
 Recent Individual Person Planning and Personal Outcomes Goal for 2023 are reflecting more personal and meaningful goals for people supported that allow for more integration into the community.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Food menu Boards and Choices along with Activity visual plans have been improved on to highlight a more person centered approach that offers choice, meaningful goals and more opportunities to participate in their community for all people supported. Also a visual timetable has been put in place in the Designated Centre along with a visual cue to record how each individual enjoyed activities they undertook. Transport is available to the Designated Centre and following a review of transport needs with the Occupational Therapist all Residents will soon have correct seating and wheelchairs to enable them to access transport.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	07/03/2023
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	16/02/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	31/01/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/02/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	28/04/2023