



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

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	04 July 2023
Centre ID:	OSV-0005792
Fieldwork ID:	MON-0036755

About the designated centre

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

The Willows is located in a rural area of Co. Wexford, close to a small village. A large town, which has all services and amenities, is a short commute away. The house comprises of a three bedroom bungalow and a separate one bedroom apartment is on the same site. Both the bungalow and the apartment have their own private garden spaces and there is ample parking. The provider's stated objective is to provide 24 hour care to persons diagnosed with autism spectrum condition. The house provides full time support to one adult, who lives in the self-contained apartment. The main house provides care for four residents, with a maximum of three residents in the house at any one time. The aim of care, as set out in the centre's statement of purpose, is to provide person centred, tailored service appropriate to residents individual needs, wants and dreams. Increasing independence in skills for daily living is a core objective and staff actively encourage and promote social inclusion. Residents have access to daily activities and transport is available to facilitate such activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet these requirements with physical, mobility and sensory support. The model of care is social and the staff team is comprised of social care workers and support workers, under the guidance and direction of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 4 July 2023	09:40hrs to 17:50hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor levels of compliance with the regulations and standards. The inspector found that overall residents who lived or stayed in the centre enjoyed a good quality of life and received a good standard of person centred care and support. There were high levels of compliance found across a number of regulations with minor improvements required in the areas of complaints, medicines and infection prevention and control.

The designated centre comprises two co-located homes. One is a large bungalow which provides regular respite stays for a maximum of three individuals at any one time. A second premises comprises a smaller single storey home providing a full-time home for one individual. The larger home consists of a communal living room, kitchen-dining room, utility room with three bedrooms one of which is en-suite. The smaller of the two homes has a resident bedroom with en-suite bathroom, an open plan living, kitchen and dining room and a second bathroom. Each home has access to external garden and patio space and a staff office is located between the two houses on the edge of the garden.

There were three residents present on the day of inspection and the inspector met and spent time with one individual over the course of the day and observed a second resident engaging in interactions with the staff team. A third resident was still in bed when the inspector arrived and later went out for the day with their support staff. Another resident was scheduled to start their stay in the centre the evening of the inspection but was not present throughout the day. The inspector was greeted by one resident on arrival to the centre. They explained with support from staff that they were going to the dentist that morning and were supported to attend this appointment. On returning they came to find the inspector and let them know that they had returned and had been for a treat after their appointment. They were to go out again later in the afternoon to an activity they enjoyed.

Residents in the centre both those who stayed for respite and those that lived there full time, led busy and active lives and were supported to engage and attend a number of different activities. Residents presented with a combination of some spoken language or non-verbal means of communication with some using a combination of verbal and non-verbal cues. All residents had stayed together in the centre in particular combinations for a number of years and from observation and from staff report they enjoyed these stays with their friends. Despite one home being for respite the person in charge and staff team had worked to ensure residents' rooms were the same each time they stayed and personal items were available to ensure that the centre was familiar and welcoming. As the premises was spacious and the communal areas were large and spread throughout the house this also allowed individuals staying here to spend time alone or in smaller groups if they preferred. Over the course of the day the residents were observed relaxing in different parts of the centre or in their rooms and moving freely around the home.

There was a warm and welcoming atmosphere in the houses. All residents who engaged with the inspector or who were observed were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community.

Staff had completed training in a human-rights based approach in health and social care. Staff were able to provide the inspector with concrete examples of the impact of this training, it was evident that a rights-based approach was taken to supporting residents in this centre. These included respecting residents' rights to individuality, choice, respect, capability, relationship, community inclusion, personal expression, safety and well being and voice. The inspector noted a number of examples of good practice in both respecting and upholding residents' rights in the centre throughout the day. For example, the use of easy-to-read or personalised information, the use of multiple resources in supporting learning, the awareness of the importance of privacy within the shared home, how consent was obtained for activities and meaningful access to the community.

In summary, from what the inspector observed, from what residents told us and a review of documentation, it was evident that residents were supported to have a good quality of life in the centre. All of the residents appeared comfortable and content in the company of staff and in their home. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements affected the quality and safety of care in the centre.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time when staying in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

There were systems to ensure that staff were recruited and trained, to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were

observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived or stayed in a comfortable home where they were happy, safe and engaging in activities they enjoyed. The person in charge and person participating in management of the centre were both found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living and staying in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience to meet the needs of the residents who live in this centre. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge and team leader reviewed the effectiveness of the staffing arrangements on an ongoing basis. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider used staff on part-time contracts or had a small team of consistent relief staff available that were used to fill gaps on the roster.

A review of planned and actual rosters indicated that there was an appropriate number of staff who had the required knowledge and skills to support residents in line with their assessed needs. The provider had worked to recruit staff to fill any vacancies that had arisen and the centre was fully staffed on the day of the inspection. The inspector found and observed that the residents enjoyed good continuity of care. Planned and actual rosters were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the

appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, first aid, personal and intimate care, finances and food safety. Staff had also completed a number of training sessions in areas related to infection prevention and control such as hand hygiene, respiratory etiquette and personal and protective equipment. Staff had completed training on a human rights-based approach to health and social care.

Staff supervision was scheduled in advance and occurring in line with the provider's policy. The person in charge maintained a schedule of both practice support sessions along with a schedule of performance management meetings.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a senior social care worker who held the role of a team lead. The person in charge was also supported in their role by a number of senior managers who fulfilled the role of persons participating in management for the centre.

Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. The provider had carried out an annual review of the quality and safety of resident care in the centre. These reviews also included detail on the consultation which had taken place with residents.

There were a number of monitoring systems in place such as monthly overview reports, internal health and safety audits, medication reviews, financial reviews, IPC audits and peer to peer quality reviews. Actions were recorded and tracked for each of these and reviewed regularly to ensure relevant tasks were completed.

Team meetings with staff took place every 8 weeks. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits, risk assessments, fire, IPC, safeguarding and training. There was evidence of residents rights as part of the team discussion and there was evidence of sharing learning across the organisation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedures were in place to guide staff. There was an easy-to-read version available for residents and the details of who to speak to if you wished to make a complaint was found to be on display in the centre. Staff members maintained records of when they discussed the complaints process with residents and also what communication supports or visual prompts were used. There was also a record kept of who was available to advocate on a residents behalf if required and what positive steps had been taken to promote use of the process.

The inspector reviewed the complaints register kept and found no complaints recorded as received in the preceding six months. However, a review of additional documentation found that one complaint had been received. It had not however, been recognised as a complaint and therefore not processed as per the provider's complaints process. The inspector acknowledges that this matter had been responded to by the person in charge promptly and was resolved.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or local community.

As outlined at the beginning of the report , residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to personal communication dictionaries and hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand Staff were aware of communication supports residents required and were noted to be responsive and kind.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking

part in local groups. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 12: Personal possessions

The provider had a clear policy and processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who attended for regular respite stays and a resident who lived full time in the centre.

For those who attended for respite there were systems and checks in place to record and monitor their clothing, finances, medicines and personal items that came into the centre at the start of a stay and left with the resident. Systems were also in place to safely store items left in the centre between stays. While an individual was in the centre there were up-to-date assessments to ensure the required level of support was available in managing their possessions. Daily checks as part of the financial process were carried out and there were systems of auditing and oversight in place by the provider.

Where a resident lived full time in the centre there were also current assessments available to ensure the level of support required was in place. There were inventories maintained of a residents personal possessions which were reviewed and updated as required. There were daily systems for the oversight of finances and the provider and person in charge also completed audits and spot checks.

Judgment: Compliant

Regulation 17: Premises

The centre comprises two standalone premises on the same site. One was for a single individual who lived full-time in a single storey home with their own garden and patio area. The second provided respite stays for a maximum of three individuals at any one time, also a single storey home with access to a garden and patio area. Overall, the centre was designed and laid out to meet the number and needs of residents living and staying in the centre. Both premises were spacious, warm, clean and comfortable.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection. Work was required in the garden of one home to safely secure an area where there was exposed pipe work and drains around an overflow tank as part of the septic tank system. The inspector found that this work had been identified by

the provider as required and was listed for completion on their health and safety quality plan. The person in charge showed the inspector quotes obtained for the work and the time lines for the work were discussed and found to be in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Service records and maintenance plans were in place for any equipment present in this centre. Where required external specialist agencies had completed risk assessments for example in the area of fire safety and actions identified in these had been completed and risks amended.

Risk assessments considered each individuals needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. Centre specific risks had for example all been reviewed in March 2023. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as going out into the community, using the hammock in the garden or going swimming.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. For example, the risk of one resident entering others rooms while staying in respite had been mitigated by the presence of individual biometric locks on doors and in the presence of waking staff at night.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a number of infection prevention and

control related trainings.

The physical environment in the centre was for the most part clean and there were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from discussion with them that they took these responsibilities seriously and were responsive to changes in policy or guidance. The inspector found that there were some gaps in the completion of the schedules at times and one en-suite had not been cleaned to the same standard as other areas. The inspector acknowledges this resident was not scheduled for a stay in respite for a couple of days. The provider had implemented colour coded mop system and there were suitable arrangements for the storage of buckets and cleaning equipment.

On walking through the premises the inspector found a number of areas that had not been identified on the schedule for cleaning and they had not been identified by the person in charge or team leader as part of their auditing mechanisms. These included the staff toilet and the hot press, it is acknowledged that these were clean on the day of inspection.

There were clear systems in place for the management of laundry and waste in the centre. There was access to alginate bags if required and staff were familiar with the procedures in place. Improvement was required in the recording of laundering or cleaning of household items such as pillows, cushion covers or curtains. There was access to waste bins for clinical or personal care waste and the main bins were safely stored behind fencing in the garden.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were for the most part protected by appropriate policies, and procedures in relation to the receipt, storage and return of medicines. Where individuals attended for regular respite stays an up-to-date prescription record was available for each stay and clear records kept regarding the administration of medicines. There were procedures in place for the administration of 'as required' medication and staff had access to an overview of these processes where administration may be time sensitive such as medicines for epilepsy management.

Where a resident was full time in the centre the staff had clear systems for the collection, storage and disposal of medicines. Overall there were audits and stock take systems in place that were regularly carried out in both houses. The inspector found however, that one 'as required' medicine for pain relief, had not been dated on opening. This did not allow for staff to determine when the medicine should be disposed of and this had not been identified in the provider's audits.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals were reviewed on a monthly basis.

Residents were supported to set goals that had meaning for them, for instance, for one resident this was to attend a rugby match and for another resident it was to use the swing in the garden. Other residents were supported to go to cafés or make something to eat while others wished to go on an outing such as to the zoo.

Residents had a their favourite activities included in their weekly plan such as taking time to complete tasks such as laundry, or going into the local community. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents both those staying for respite or full time had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived or stayed in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers.

Over the course of the inspection the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing financial or advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety. The provider and person in charge had a focus on a 'right of the month' and this

was reinforced via the use of videos, social stories and posters which were displayed. Examples of previous 'rights' that had been supported in the centre were the right to make and have friends, the right to privacy and the the right to access accessible information when making a decision.

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 (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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0005792

Inspection ID: MON-0036755

Date of inspection: 04/07/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Add complaints to the next team meeting to discuss verbal complaints. All staff in attendance and those who review the minutes will be aware to report verbal complaints to the management of the service for follow up. Next team meeting date is: 24.08.2023</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Hot press has now been added to the cleaning list. It was identified that the night list included the staff toilet. Large soft items have now been included a new deep clean schedule.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All unlabelled bottles/creams have been returned to pharmacy and are now replaced; all</p>	

have appropriate labels. Staff completing internal medication audits have discussed and reviewed the audits in their next practice supports. The medication audit has been reviewed and more clearly defined in the specific area.

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 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	01/08/2023
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	11/07/2023

	of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/08/2023