



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

## Issued by the Chief Inspector

Name of designated centre:	Lisbri Unit
Name of provider:	IRL-IASD CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	13 September 2023
Centre ID:	OSV-0007885
Fieldwork ID:	MON-0032183

## About the designated centre

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

This centre is based in Dublin and situated within a hospital based campus. The centre had formerly been one of two units operated by the Health Service Executive. However, in February 2021 St Margaret's were granted their application to be the new registered provider for this centre. The centre supports both male and female residents over the age of 18 years, with physical, sensory, acquired brain injury, neurological disabilities and intellectual disabilities. Care and support is provided for up to 8 adult residents. At the time of inspection there were seven residents living in the centre. The provider had plans to decongregate the centre meaning that each of the residents would transition to suitable accommodation within the community. The centre aims to support self directed living, providing a flexible, responsive service, grounded in rights, inclusion and accountability to meet the changing choices and needs of individuals throughout their life. The building comprised of eight large bedrooms, two of which had ensuite facilities. There is also a large sized day room, a café and dining room, a resource room, a family room and industrial styled kitchen. Support is provided for residents over a 24 hour period by personal support workers, two team leaders, a coordinator and a person in charge.

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

Number of residents on the date of inspection:	7
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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
Wednesday 13 September 2023	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received quality care and support. However, it was noted that plans for the transition of residents to their own homes within the community had been delayed and that this was unsettling for residents and their families. A social model of care had been adopted in the centre. Supported self directed living, grounded in rights to meet resident's changing choices and needs were being promoted. Areas for improvement were identified in relation to the provision of suitable facilities for residents to buy, cook and prepare their own meals, if they so wished, the design and layout of the premises and infection prevention and control arrangements.

This announced inspection was undertaken to inform an application by the provider to renew the registration of the centre. St Margarets had been granted its application to become the registered provider for this centre in February 2021. The Health Service Executive(HSE) had been the previous provider and agreed to transfer the governance of the centre to St Margarets. A service level agreement had been put in place between the HSE and the provider, whereby St Margarets was responsible for the governance and social care and support of the residents. The HSE own the premises and are responsible for the maintenance of the premises, provision of all utilities and catering services.

St Margaret's, as the registered provider, planned to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". It had been proposed that this would be completed within the three year period of the initial registration. This would have meant that each of the residents would transition to more suitable accommodation within the community. The provider had completed a discovery process with each of the residents and their families. The purpose of this was to determine their needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. However, it was reported that progress with the de-congregation of residents had been negatively impacted because of funding issues. In the preceding period, the provider had identified and secured suitable accommodation in the community for a small number of the residents. However, funding to support the planned transition of these residents had been cancelled at short notice. A new defined time-line for the de-congregation of the centre had not yet been agreed.

The centre is located within a hospital based, campus setting. As identified in previous inspection reports, the centre had an institutional feel. It was noted that efforts had been made to make the centre more comfortable and homely with the addition of soft furnishings. It comprises of eight large bedrooms, two of which had ensuite facilities. Residents living in the centre ranged in age from late 40s to mid 60 years. A number of the residents had been living together for a prolonged period. Over the course of the inspection, the inspector met briefly with three of the seven residents. These residents indicated to the inspector that they were happy living in

the centre and that staff were kind and helpful to them. Warm interactions between the residents and staff caring for them was observed.

Since the last inspection, painting had been completed throughout the centre, However, the wall and floor tiles in a number of bathrooms appeared worn or broken in areas, the ceiling in one of the bathrooms was observed to be stained with a mould like substance despite a window for ventilation. The flooring in some areas appeared worn, i.e. bedroom and corridor floors. The use of stainless steel toilet bowls and cisterns in a small number of bathrooms attributed to the institutional feel of the building. Each of the residents had their own spacious bedroom. Residents' bedrooms had been personalised with personal photos and some other items of their choosing. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. The centre had adequate space for residents with good sized communal areas. There was a large sitting room, resource room, family room and dining room. An industrial style kitchen was in place. However, all cooked meals were prepared in a separate kitchen within the campus and transported to the centre. Residents did not access the kitchen but a separate cafe area was located in the dining room which enabled residents to independently prepare some snacks at any time of their choosing. There were two separate large court yards with seating for outdoor dining and relaxation. There was also a private garden area. These were inviting areas with potted plants and garden ornaments.

Residents rights were being promoted in the centre. However. the residents' rights to live as independently as possible in the community, as set out in the United Nations Convention on the Rights of Persons with Disabilities had been negatively impacted by unplanned delays for the decongregation of the centre. Each of the residents had an independent advocate and had engaged with the national advocacy service. Staff had received training on a rights based approach to care. There was a charter of rights on display. Information on rights and advocacy services was available in the residents guide. There was evidence of consultations with residents regarding their current and future care through a discovery process. Residents' meetings were completed on a regular basis. Each of the residents had completed an assessment for self medication management. Residents were working towards being responsible for the management of their own medication with the support of staff. Interpreter services were provided on a daily basis for a resident whose first language was not English. The inspector met with this resident and their interpreter and they told the inspector that the resident was happy living in the centre but that they were looking forward to moving to their own home within the community. Key documents and signage had been translated into this resident's first language for their reference. Numerous photos of residents and their families were on display in their bedrooms. Staff were observed to interact with residents in a caring and respectful manner. For example, a staff member was observed knocking and seeking permission before entering a resident's bedroom.

Residents were supported to engage in meaningful activities in the centre and within the community. Examples of activities that residents engaged in within the centre and in the community included, art therapy, hair and beauty treatments, library visits, equestrian centre, walks to local scenic areas, dining in local cafe and

restaurants. A weekly schedule of activities was in place. The centre had its own vehicle to facilitate residents to access community activities and visits to families. The resource room had a pool table, table tennis table and other board games and arts and crafts materials for residents use. On the day of inspection, one of the residents was noted to be abroad on a five day holiday with the support of a staff member. Another of the residents was out on a trip to the zoo while another resident was out with a family member. Five of the seven residents were engaged in a formal day service programme. One of the residents was in the process of completing a college course.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of their home. However, it was evident that residents were disappointed regarding the delays and uncertainty regarding their proposed moves to houses in the community. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving.

Residents were supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits to the centre and to family homes, video and voice calls.

The full complement of staff were in place. A number of staff had been working with the residents for a prolonged period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. Residents spoken with told the inspector that staff were very kind and caring. Each of the residents had assigned keys workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

Suitable governance and management arrangements were in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, as per the service level agreement in place, the HSE were responsible for the maintenance of the premises, provision of all utilities and catering services. In addition, the provider's plans for the de-congregation of the residents from the centre was dependent on funding from the HSE. It was evident that there were ongoing delays in the provision of funding to support the decongregation of the centre and for the maintenance of some areas of the centre. Areas for improvement

were identified in relation to the design and layout of the premises, which it was considered did not fully meet the aims and needs of the service, and for the provision of suitable facilities for residents to buy, cook and prepare their own meals.

The person in charge was suitably qualified and experienced. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a degree in applied social studies and certificate in applied management. She had more than five years management experience. She was in a full time position and was not responsible for any other centre. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in his role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a two team leaders and a coordinator. She reported to the person support manager who in turn reported to the director of service. The person in charge and person support manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of audits and checks had been completed. Examples of these included, infection prevention and control, medications and health and safety checklist. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately local manager and senior management meetings with evidence of communication of shared learning at these meetings.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally by the provider. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. This promoted staff to be supported to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.



Judgment: Compliant

### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. There was a consistent team of staff working with the residents. A sample of staff files reviewed were found to contain all of the information required by the regulations. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Staff supervision was being undertaken in line with the frequency proposed in the providers policy.

Judgment: Compliant

### Regulation 23: Governance and management

Suitable governance and management arrangements were in place. However, it was noted that the HSE owned the premises and were responsible for the maintenance of the premises, provision of all utilities and catering services. It was recognised that the design and layout of the premises did not fully meet the aims and needs of the service. In addition, the provision of suitable facilities for residents to buy, cook and prepare their own meals, if they so wished were limited. The provider's plans for the de-congregation of the residents from the centre were dependent on funding from the HSE. This funding had been delayed for an extended period. A defined timeline for the decongregation of the centre had not yet been agreed.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line

with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the centre appeared to receive person centred care and support which was of a good quality and promoted their rights. A discovery process had been completed with each of the residents to ascertain their need and choices for their future transition from the centre to new homes within the community. As per previous inspection reports it was noted that the premises had an institutional feel and the design and layout of the premises did not fully meet the aims and needs of the service.

Residents' needs were being met by a good standard of evidence-based care and support. Personal support plans and 'good life' folders reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication, social and personal care needs. A user friendly version of the personal plan was available as required by the regulations. Records were maintained of resident's progress in meeting identified goals related to competency building and community integration. For example, promoting independence using public transport.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Precautions were in place against the risk of fire. Fire upgrade works had been completed since the last inspection. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed and a fire assembly point was identified in an area to the front of the centre. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken and it was noted that the centre was evacuated in a timely manner. Staff had completed fire safety training.

There were suitable infection control procedures in place. The inspector observed that areas appeared clean. However, as referred to under Regulation 17, a number of surfaces in the centre were worn, ie toilet and bathroom wall and floor tiles and

other flooring. This meant that these areas could be more difficult to effectively clean from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge and team leaders. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection prevention and control had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a safeguarding policy in place. Intimate care plans were on file and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. The behaviours presented by a small number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. Behaviour management guidelines and behaviour support plans were in place for residents identified to require same. A log was maintained of all restrictive practices in place and these were subject to regular review.

### Regulation 17: Premises

As per previous inspection reports it was noted that the premises had an institutional feel and the design and layout of the premises did not fully meet the aims and needs of the service. Some efforts had been made to give the centre a more comfortable and homely feel with the addition of soft furnishings. However, the use of stainless steel toilet bowls and cisterns in a small number of toilets attributed to the institutional feel. The provision of suitable facilities for residents to buy, cook and prepare their own meals, if they so wished were limited. The wall and floor tiles in a number of bathrooms appeared worn and or broken in areas. the ceiling in one of the bathrooms was observed to be stained with a mould like substance, despite a window for ventilation. The flooring in some areas appeared worn, i.e. bedroom and corridor floors. There was evidence of ongoing discussions by the provider with the HSE, as the landlord, regarding the upkeep and maintenance of the premises.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The provision of suitable facilities for residents to buy, cook and prepare their own meals, if they so wished, were limited. An industrial style kitchen was in place but all cooked meals were prepared in a separate kitchen within the campus and transported to the centre. Residents did not access the kitchen but a separate cafe area was located in the dining room which enabled residents to independently prepare some snacks at any time of their choosing.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk register in place, and environmental and individual risk assessments had been completed. Incident reports were completed and reviewed on a regular basis.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre had recently been repainted throughout with a number of new pieces of furniture purchased. However, as referred to under Regulation 17 there were a number of worn or broken surfaces in the centre. This meant that it was more difficult to effectively clean those surfaces from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Precautions were in place against the risk of fire. Since the last inspection, a number of fire up grade works had been completed. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' well being and welfare was maintained by a good standard of evidence-based person centred, care and support. Individual support plans and 'good life' folders reflected the assessed needs of the individual resident and outlined the support required in accordance with their individual health, personal and social care needs and choices. A discovery process had been completed with each of the residents to ascertain their need and choices for their future transition from the centre to new homes within the community. However, a timeline for this transition had been delayed for an extended period.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were being met by the care provided in the centre. Each of the residents have their own general practitioner but also had access to medical and allied health professionals on the hospital campus.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support. The behaviours presented by a small number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. Behaviour management guidelines and behaviour support plans were in place for residents identified to require same. A log was maintained of all restrictive practices and these were subject to regular review. It was noted that private occupational therapy consultant had been acquired to review specific restrictive practices.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to. Intimate and personal care plans were in place and provided a good level of detail

to support staff in meeting individual resident's intimate care needs. Safeguarding information was on display and included information on the nominated safeguarding officer. The provider had a safeguarding committee who met on a regular basis to review all safeguarding plans in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. However, the residents' rights to live as independently as possible in the community, as set out in the United Nations Convention on the Rights of Persons with Disabilities had been negatively impacted by unplanned delays for the decongregation of the centre. Each residents desire to live in the community had been ascertained through a discovery process completed by the provider. In the preceding period, the provider had identified and secured suitable accommodation in the community for a small number of the residents. However, the proposed transition of these residents had been cancelled at short notice. Each of the residents had an independent advocate and had engaged with the national advocacy service. Staff had received training on a rights based approach to care.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Lisbri Unit OSV-0007885

Inspection ID: MON-0032183

Date of inspection: 13/09/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>St Margaret's is engaged in a planning process with the HSE for each individual in Lisbri. An individual action plan for decongregation is being reviewed by the HSE and these should be finalized by 30th March 2024.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The bathrooms are being replaced in Lisbri and the work will commence on 22nd October 2023.</p> <p>The flooring requires approval and a purchase order number from the HSE and will be completed by the HSE appointed contractor by 30th March 2024.</p> <p>An enquiry regarding cooking facilities in Lisbri has been forwarded to the HSE and alternatives are being considered.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>An enquiry regarding cooking facilities in Lisbri has been forwarded to the HSE and alternatives are being considered which will be part of the decongregation plan drawn up in conjunction with the HSE Disability team.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The bathrooms are being replaced in Lisbri and the work will commence on 22nd October 2023.</p>	

The flooring requires approval and a purchase order number from the HSE and will be completed by the HSE appointed contractor by 30th March 2024.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: St Margaret's continue to engage in a planning process with the HSE for each individual in Lisbri. An individual action plan for decongregation is being reviewed by the HSE and with support for each individual from their independent Advocate from National Advocacy Services, these should be finalized by 30th March 2024.

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2024
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	30/03/2024

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/03/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/03/2024