Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Delvin Centre 1 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Westmeath |
| Type of inspection: | Announced |
| Date of inspection: | 16 May 2023 |
| Centre ID: | OSV-0003955 |
| Fieldwork ID: | MON-0030904 |

## About the designated centre

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

This designated centre comprises of three bungalows  located in close proximity to the nearest small town. The centre offers a full time residential service to eleven adults with intellectual disabilities and there are no gender restrictions. The first house has five bedrooms with a kitchen / dining area, utility room, bathroom, shower room and toilet. There is a garden to the front and an outdoor seating area to the back. The second house has six bedrooms one which has an en suite bathroom, a kitchen / dining area, sitting room, a bathroom and a shower room. There are gardens to the rear and front of house. The third house has four bedrooms with a kitchen / dining room, a sitting room, a bathroom, shower room and lawns to the front and rear of the house. The three houses have transport available for the residents. There is a full-time person in charge in place for the designated centre.

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

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| Number of residents on the date of inspection: | 11 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Tuesday 16 May 2023 | 10:05hrs to 18:45hrs | Karena Butler | Lead |
| Tuesday 16 May 2023 | 10:05hrs to 18:45hrs | Florence Farrelly | Support |

## What residents told us and what inspectors observed

Overall, residents were receiving a service that met their needs. Some improvements were required in relation to training and staff development, governance and management, protection against infection and fire precautions. These areas are discussed further in the next sections of the report.

The centre was made up of three houses. The inspectors had the opportunity to meet with ten of the 11 residents that lived across the three houses. Some of the residents spoke with the inspector's with support from staff. One resident was supported to buy and learn how to use a communication device in order to communicate their preferences on a day-to-day basis. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout different times of the inspection in their homes. All residents in house three communicated to an inspector that they liked living in their house and were observed by that inspector to be very comfortable in the presence of staff members.

The majority of residents participated in external day programmes. Some residents were supported from their home with an in-house day programme as per their choice. Staff informed the inspectors of some plans residents had for the day. For example, one resident had returned from a few nights in their family home and then the resident wanted to relax and watch some television. One resident was due to participate that evening in a community group that was looking into setting up a sensory garden in the local community. A resident from another house had went out for breakfast that morning and had art and music classes that day. Residents appeared relaxed and at ease in their home. They were observed to comfortably use their environment and communicated their needs to staff.

There were two staff members on duty during the day of the inspection in each house. Staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences.

From a walkabout of each of the premises, the houses appeared tidy and for the most part clean. One resident chose to give an inspector a tour around their home. There were televisions in living areas and in some residents' bedrooms. The provider was looking into options for two of the houses for an outside garden room in order to provide additional living space and privacy for residents.

Each resident had their own bedroom and there was sufficient storage facilities for their personal belongings. Each room was personally decorated to suit the personal preferences of each resident with personal pictures displayed.

Each house had access to a garden. For example, one house had a large back garden with an egg chair, garden table and chairs and a swing bench. Another house had a polytunnel in the back yard where residents with staff support grew

some fruit and vegetables.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of staff representatives. They indicated that they were happy with the majority of the care and supports provided in the centre and neutral with some other aspects. On behalf of one resident in house two, a staff member commented that the resident would like to participate in going swimming more often and another would love to go on more train trips which their key-worker was looking into. One resident commented, that after they had made a complaint about transport in the centre another vehicle was made available which meant they could get out more.

The provider had also sought resident and family views on the service provided to them by way of questionnaires. Staff supported residents to complete them. Feedback received indicated that residents and families communicated with were satisfied with the service provided. Residents spoken with had indicated that they were well informed and another said that they were very happy with the level of choice given to their family member.

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

## Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in January 2022 with regard to infection prevention and control and previous to that in July 2020 where it was observed that some improvements were required to ensure the centre was operating in full compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the previous inspections had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents. However, as previously stated, improvements were required in governance and management and training and staff development.

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

There was a defined management structure in place which included the person in charge and in addition the area director, who was the person participating in management for the centre. The person in charge was not present on the day of the

inspection and it was facilitated by the area director and a previous person in charge for the centre.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year in each of the houses that made up the centre. There were other local audits and reviews conducted in areas such as finance, vehicle checks, medication management, and health and safety. However, improvements were required to oversight systems to ensure team meetings and audits were occurring as required and notifications submitted to HIQA with prescribed time frames. In addition, that actions from the provider's own audits were completed within their own timescales. Additionally, to ensure that work force contingency plans were always effective for house two. Furthermore, not all incident records were available for review in order to verify some information.

A planned and actual roster was in place. A review of the rosters demonstrated that the skill-mix of staff was appropriate to meet the assessed needs of the residents. A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

There were supervision arrangements in place for staff, however, not all staff were receiving supervision in line with the time frames set out in the organisation's policy. Staff had access to necessary training and development opportunities. For example, staff had training in medication management and infection prevention and control training. However, the inspectors were not satisfied that the oversight documents for staff training provided an accurate reflection of actual staff training. In addition, not all staff were in date for some of their mandatory training, for example, fire safety training and positive behaviour supports. In addition, some staff had not received training in certain areas in order to support residents, for example, eating drinking and swallowing.

An inspector reviewed a sample of contracts of care and they were all in place for residents and were currently being updated in light of new prescription charges.

## Regulation 15: Staffing

The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meets residents assessed needs.

There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre.

An inspector reviewed a sample of staff personnel files and they contained all the necessary information as required to ensure safe recruitment practices.

Judgment: Compliant

## Regulation 16: Training and staff development

For the most part the provider had ensured that staff had access to a suite of training and development opportunities. For example, staff had training in medication management, epilepsy training and some training in infection prevention and control (IPC), such as hand hygiene.

However, it was difficult to ascertain if all staff had their required training and not all oversight documents were an accurate reflection of training completed. The inspectors were not assured that there was adequate oversight of staff training needs or the system in place to monitor if training was required or completed by staff. It was not evident if all staff had mandatory training or refresher training in some areas. For example, a number of staff that worked across the houses did not have up-to-date training in positive behaviour supports including descalation techniques. In addition, from records reviewed it appeared that some staff were overdue training in fire safety with one staff member overdue for over two years. Another staff member that was overdue the training for over one year completed it on the day of the inspection.

Furthermore, one staff member was due to complete training in transmission-based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation as per public health guidance. One staff member was due training in eating drinking and swallowing in order to ensure they appropriately supported residents who required support in that area.

Staff did not have training in Autism, however, the provider had already self-identified this and had plans in place for staff to undertake this training. At the time of this inspection no dates for completion were set.

Staff were not all trained in how to support individuals that required nebulisers. The area manager on the day of the inspection arranged for all required staff to receive this training the week after the inspection.

In addition, there were supervision arrangements in place for staff, however, supervision was not always happening for all staff within the provider's own time frames.

Judgment: Not compliant

## Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

## Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the area manager, who was the person participating in management for the centre.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year last year in each of the houses that made up the centre. There were other local audits and reviews conducted in areas such as finance, medication management, and health and safety.

However, a number of improvements were required in order to comply with this regulation. They included:

- not all notifications were being submitted to the Chief Inspector of social services (The Chief Inspector) within prescribed time frames. Therefore, the inspectors were not assured that there were always appropriate systems in place for oversight of this
- an inspector found that the provider had ensured for the most part that staffing levels were in accordance with residents' assessed needs and that promoted community engagement. However, there were occasions where the staffing levels had fallen below what the provider had assessed to be the minimum staffing levels in house two in order to offer choice with regard to social activities. Therefore, the inspectors were not assured that the provider's workforce contingency plans were always effective
- team meetings were not always happening monthly in 2022 or 2023, this included since the new person in charge took over the role
- some records could not be verified on the day of inspection as they were not available for review, for example, the folder containing the recent incidents that occurred in the centre
- not all actions from audits were completed within time frames set by the provider. Therefore, the inspectors were not assured that there were always appropriate systems in place for oversight of audits.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

From a sample of residents' files, each had a contract of care that was signed by the resident or their representative. The contracts were also under review at the time of the inspection to include updated prescription charges.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose available that was updated as required. It contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with the protection against infection and fire precautions.

The provider had ensured that assessments of residents' health and social care needs had been completed and care plans were put in place for any identified needs. Care and support was provided in line with their care needs and any emerging needs. Residents had access to appropriate healthcare professionals for day-to-day healthcare supports and for relevant investigations as required.

An inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where residents presented with behaviours of concern, the provider had arrangements in place to ensure these residents were supported and received regular review. There were some restrictive practices in use to promote residents' safety and in one case to mitigate a potential safeguarding risk which were subject to review. For example, restrictive practices included a door sensor on one bedroom door and bedrails to prevent residents falling out of bed a night time.

The provider had systems in place which promoted the safety of residents in the centre. Staff had all received appropriate training in safeguarding adults. Where safeguarding concerns were identified, support plans were developed to promote and protect residents' safety.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and there were regular residents' meetings occurring.

There was a residents' guide in place and a copy was available to each resident which contained the required information as set out in the regulations.

Each premises was observed to be tidy and for the most part found to be clean.

Some areas required a more thorough clean, for example, some food residue was observed in one microwave and an extractor fan was dirty. These issues are being actioned under Regulation 27: protection against infection.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspectors reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was colour-coded cleaning equipment used in the centre in order to minimise cross contamination. However, improvements were required in relation to cleaning, cleaning schedules, monitoring staff and residents for signs and symptoms of respiratory illness and mop storage required review to ensure they were appropriately stored in order to minimise cross contamination and promote adequate drying.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPs) in place which outlined how to support residents to safely evacuate in the event of a fire. However, improvements were required to the emergency lighting for the first house the inspectors visited and one other property.

## Regulation 17: Premises

The premises was homely and for the most part found to be clean. Some areas required a more thorough clean, for example some slight mildew in some areas and some residue of food or grease was observed on some kitchen appliances. These issues are being actioned under Regulation 27: protection against infection.

Additionally, some areas required painting which the provider had self-identified in order to brighten up some houses and this was on the maintenance list. The provider had identified a number of areas they wanted to complete across the houses and they applied for a grant to get some of the larger works funded with evidence shown to the inspectors.

Judgment: Compliant

## Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident that

contained the required information as set out in the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. For example, there were local risk registers in place that captured risks applicable for each house. All risks identified had a risk assessment and management plan in plan to address the risks, which included individual risk assessments for residents as required, and all were recently reviewed.

In addition, the boilers for the three properties had been serviced within the last year and from a sample of the centre's vehicles they were serviced within the last year, were insured, had in-date tax, and had an up-to-date national car test (NCT).

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there were risk assessments and control measures in place with regard to IPC within the centre. In addition, the provider had commissioned some of their trained persons in IPC to complete an IPC audit in this centre. Actions from the last inspection had been completed by the time of this inspection, however, further improvements were still required.

Areas that required improvement were:

- some mildew was observed in house two in areas, such as around the doors of the utility room and front door, a window of the staff bedroom and in the silicone around some plugholes
- cleaning schedules were not consistently maintained as some gaps were observed
- some areas required addition to the cleaning checklist, for example, the extractor fans
- some areas required cleaning, for example, extractor fans in house one and two and the microwave in house one
- a particular piece of equipment used to support a resident was found to be stored in its box with water residue in the tubing
- there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition as advised by public health guidance.

- the mop storage required revision to ensure they were stored appropriately

Judgment: Substantially compliant

## Regulation 28: Fire precautions

For the most part there were systems in place for fire safety management, for example the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date PEEPs in place which outlined how to support residents to safely evacuate in the event of a fire.

However, house one did not have an emergency light outside of one emergency escape and in a small hall space. In addition, one emergency light was found to not be working in house one and house two. Five fire doors across two of the houses were found not to close by themselves, however, the provider arranged for these to be repaired and evidence shown to an inspector by the end of the day.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis. There were personal plans in place for any identified needs and these plans were reviewed at planned intervals for effectiveness.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were assessed and appropriate healthcare was made available to each resident. For example, residents had access to general practitioner services (G.P), chiropody, dentistry and psychology.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

The provider prescribed and utilised some restrictive practices in some of the houses in order to mitigate safety or safeguarding risks. The inspector found that where these restrictive practices were subject to regular review and oversight. The provider had arranged for social stories to be completed with a resident that had restrictive practice introduced for them in order to support their understanding.

Judgment: Compliant

## Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff had training in safeguarding. There was an established reporting system in place and a staff member spoken with was familiar with what to do in the event of a safeguarding concern.

Where potential safeguarding risks were identified, these were investigated as per the provider's safeguarding policy and there were safeguarding plans put in place. There were some safeguarding risks identified in two of the houses that made up the centre and the provider was taking appropriate actions to safeguard residents.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence that residents' rights were being promoted. The inspectors saw evidence of alternative communication methods being trialled with a resident in order to support them to make every day choices. There were regular residents' meeting taking place to keep residents informed. Residents had access to the local community, for example, to play golf, go for coffee and go shopping.

In addition, staff were observed to treat residents with dignity, respect their wishes and communicate with them a respectful manner. Furthermore, a staff member had advocated on behalf of one resident by making a complaint regarding some on-going safeguarding issues in one of the houses.

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 | Not compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially 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 | Compliant |

# Compliance Plan for Delvin Centre 1 OSV-0003955

## Inspection ID: MON-0030904

## Date of inspection: 16/05/2023

**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 16: Training and staff development | Not Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>PPIM and Team Leader have commenced full review of training requirements of all staff across the centre. Training schedules have been developed in conjunction with the training department. New local training matrix document is in development for implementation in all locations across the centre.<br><br>Staff team meeting schedule in place for 2023 for all locations in the designated centre.<br><br>Schedule of staff supervisions in place for 2023 and will be implemented by Team Lead. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>• Team Lead reviews all daily records each morning and advises PPIM if any statutory notifications are required for submission.<br>• On Call managers submit s report to maangement team each morning to advise of all calls received and if any statutory notifications are required.<br>• PPIM presently running a recruitment campaign to increase staff support in designated centre. Relief staff x 2 have been recruited as of June 2023. PPIM scheduled to start review of roster requirements in house two with staff team July 2023.<br>• Full schedule of staff team meetings implemented by Team Lead for 2023. | |

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| • Learning Outcomes for all incidents completed and Incident Management folder updated and reviewed by Team Lead and PPIM<br>• PPIM has tasked Team Lead to review and complete all outstanding audits action plans – Team Lead meets with PPIM on monthly basis to review close out of all actions and monitor progress on this. |

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| Regulation 27: Protection against infection | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br>• Mildew has been cleaned in house two from areas identified in report. Silicone has been removed and new treatment applied in plugholes. Local protocol for managing mildew in place.<br>• Full review of cleaning schedules undertaken by PPIM and Team Lead with addition of location specific cleaning requirements including extractor fans, gaps in schedule addressed in June 2023 location team meetings. Microwave in house one fully cleaned on day of inspection.<br>• Cleaning and disinfection protocol for use of medical equipment addressed with staff team at June 2023 location team meetings.<br>• Residents are monitored and staff self-monitor on daily basis for respiratory symptoms<br>• All mops are stored in appropriately as per Cleaning and Disinfection Policy. Mop storage area in house three refurbishment to be completed by maintenance team by mid-July 2023 |

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|---|---|
| Regulation 28: Fire precautions | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>• Emergency lighting to be fitted on side exterior of house one and also fitted in middle space area between bathroom and hallway.<br>• Emergency lighting found to be not working in two locations on day of inspection have been replaced. |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Not Compliant | Orange | 31/08/2023 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 27 | The registered | Substantially | Yellow | 30/07/2023 |

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| | 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. | Compliant | | |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 30/07/2023 |