



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Na Gaoithe
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 January 2022
Centre ID:	OSV-0005335
Fieldwork ID:	MON-0027253

## About the designated centre

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

Ard na Gaoithe provides a residential and planned shared care service to children with a diagnosis of an intellectual disability, autistic spectrum disorder and behaviours. The objective of the service, as set out by the statement of purpose, is to provide a high standard of care in a living environment that replicates a natural home environment. The centre can accommodate a maximum of four residents at any one time aged from six to 18 years of age and these can be male or female. The service is open seven days a week and children are supported by a team of support workers and a management team. A behavioural specialist is available to support staff in their care of the children. The centre is a four-bedroomed bungalow based in a rural location. Vehicle access is provided to enable children to access local amenities, school and leisure facilities. There is a large garden available to the children with play equipment.

**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 18 January 2022	09:15hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was an announced inspection of the designated centre Ard Na Gaoithe. The centre currently accommodated four children of school going ages. Three of whom had left for school on the arrival of the inspector. One resident was remaining at home with the support of staff due to close contact with a COVID 19 confirmed case. The inspector was greeted by the person in charge on arrival to the centre and requested to complete COVID 19 checks.

The inspector completed a brief introductory meeting with the person in charge and team leader to ascertain the current compliance in the centre and any areas of non-compliance being addressed. The person in charge spoke of the premises and the needs for review. The garden to the front of the building required landscaping and review of the staff parking facilities. The premises consisted of two gardens to the rear which contained recreational facilities for all children present such as swings and seating areas. The interior of the premises also required some works to ensure this was in a good state of repair. Whilst new fire doors had been installed are areas surrounding, the architraves of these doors required painting.

Each resident was supported to decorate their own bedroom with personal items of their choosing including family photographs or cultural murals. A plan was in place to review the current layout of the centre to ensure that this centre was meeting the assessed and changing needs of the residents. Whilst a number of residents were supported in the area of PICA including a child gate in the kitchen area, clutter was observed on the kitchen window sills and items left on the counter tops.

This inspection took place during the pandemic with the required protective measures implemented by the inspector. Including the use of PPE and social distancing. One resident was reported to the inspector as being a suspected case of COVID 19, however staff were not observed adhering to their local guidance. This guidance did require review to ensure it reflected best practice and national guidance. Governance review was required in all areas of infection prevention and control including for example, the potential need for isolation of residents, the correct use of cleaning products and correct use of PPE.

The registered provider had appointed a compliment of staffing to meet the assessed needs of residents currently residing in the centre. From review of the staff roster measures had not been implemented to ensure that this was in place at all times. Whilst the team leader and person in charge were located within the centre it was unclear what direct supports were provided as they were not included on the staff roster. Staffing levels present could not ensure that all personal goals and plans were adhered to in a consistent manner.

On return from school two residents went out for a social outing with the support from the staff team. The inspector did not have the opportunity to meet with them. However, the staff spoken with were keenly aware of their support needs and spoke

respectfully of the residents. Another resident was being supported in one of the living areas. They were watching their favourite videos on the TV. This included soccer which staff reported was one of their favourite. The resident requested for staff to change the video to Mr. Bean when the inspector was present. The staff supported this and ensured the resident was happy with their choice. The inspector thanked the resident and left so as not to disturb their activity.

The next two sections of the report will present the findings of the inspection in relation to the governance and management in the centre and the impact on the residents currently residing in the centre.

## Capacity and capability

The inspector reviewed the capacity and capability of Ard Na Gaoithe as part of the inspection. The provider had a clear governance structure in place that supported the staff team. This inspection was completed as part of the registration renewal process of the centre. The registered provider had completed the full and correct application to renew the registration for a further three year period.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. They were full time in their role and held governance to this centre only since the beginning of the year. The person in charge was supported in the day to day operations of the centre by an appointed team leader and reported directly to a new member of the governance team appointed to the centre as the regional operations manager. There was clear evidence of communication within this governance structure with evidence of escalation of any concerns identified. Whilst the statement of purpose was in place, this had yet to be updated to reflect the change in the governance structure of the centre.

Organisationally, the registered provider had ensured effective measures were in place for the completion of the regulatory required measures to guarantee that the service provided within the centre was safe and effectively monitored. The annual review of service provision and six monthly unannounced visits to the centre completed by a delegated person. The annual review was completed by the person in charge in June 2021. Actions identified in this review were addressed including needs for new fire doors and need for more space within the centre.

The six monthly unannounced visit had recently been completed in January 2022. A report was generated from this visit with a number of actions identified to achieve compliance. It was unclear from the report where a number of these actions had been identified from including "ensuring one resident had freedom to exercise choice and control in their daily life". The rationale for this was not clear in the body of the report. Also, where an action with respect to notification of incidents had

been identified, this had not been addressed by the person in charge and the incident remained un-notified.

Whilst a number of governance monitoring systems were in place to have oversight in the day to day operations these required review to ensure areas of non-compliance were identified and addressed in a timely manner including infection prevention and control. A number of ongoing monitoring systems were implemented to ensure the monitoring of the day to day operations within the centre. Actions required had been completed including the landscaping of the front garden and refurbishment of the main bathroom.

The registered provider had not ensured that provision of staff within the centre was appropriate to the assessed needs of residents. The governance team reported a number of vacancies of staffing were present on the staff rota. As part of review of the actual and planned staff rota it was evidenced that on a number of occasions, staff levels allocated to the centre were not present. As the person in charge and team leader were not present on the rota it was not consistently clear if additional support was provided as required. Staffing levels provided were not consistently in accordance with the statement of purpose and risk assessments in place. Staff spoken with on the day of inspection were keenly aware of the support needs of residents and the importance of adhering to all aspects of each personal plan. Staff were supported to raise any concerns through daily contact with a member of the governance team or through regular staff meetings.

The person in charge had not ensured all staff were facilitated and supported to access appropriate training including refresher training. Such courses included fire safety and infection control. Gaps were also found to be evident in such areas as COVID 19 e-learning course and medication management.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application was submitted in full to renew the registration of the designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing
The registered provider had not ensured sufficient staffing was allocated to the centre. At times it was unclear from the staff rota if the required staffing was in place.
Judgment: Not compliant
Regulation 16: Training and staff development
The person in charge had not ensured that all staff were supported to access training deemed mandatory to meet the assessed needs of residents.
Judgment: Substantially compliant
Regulation 22: Insurance
The registered provider had ensured the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
<p>A clear governance structure had been appointed to the centre. The registered provider had ensured the implementation of the annual review of service provision and a six monthly unannounced visit to the centre. However, some actions from these reports required clarity as it was unclear how these had been identified or the impact on the residents. Where actions had been identified these needed to be addressed in a timely manner as set out. This included the submission of notifications and review of incidents.</p> <p>Whilst centre specific monitoring was completed this required review to ensure that areas of non-compliance were identified and addressed in a timely manner. This included the review and amendments of COVID 19 guidance for staff in line with national guidance.</p>
Judgment: Not compliant



### Regulation 3: Statement of purpose

The registered provider had ensured the development review of the Statement of Purpose including the information required under Schedule 1. However, the organisational structure allocated to the centre required review following amendments to this.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had not ensured that all notifiable incidents had been reported in accordance with the regulations. This included loss of a power and alleged misconduct of staff.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was in place, including accessible information for residents and an organisational policy.

Judgment: Compliant

## Quality and safety

It was evidenced during this inspection that the service afforded to residents currently residing within the centre was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs with support from the staff team. The premises presented as a large two storey detached property located in a rural area. Whilst the centre was clean a number of areas required cosmetic attention including communal areas and resident individual bedrooms. The garden to the front of the property also required attention to ensure it was in a good state of repair. The design and layout of the centre was currently under review by the registered provider to ensure this continued to meet the assessed needs of the residents currently residing in the centre.

Each resident had been supported to develop a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including occupational therapy, education and psychology. Each child residing in the centre was of school attending age. The registered provider had ensured that each resident was supported to attend school on a daily basis.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The registered provider had ensured the development and review of a comprehensive risk register. This document incorporated both individualised and environmental identified risks and control measures which were in place to reduce the likelihood and impact of these risks. Due to current non-compliance in the area of staffing this required review. Where a risk assessment had stated that a specific number of staff were required this was not present at all times. Also a number of risk relating to COVID 19 had not been appropriately addressed within the register. For example, where a resident was unable to isolate within the centre in the event of a COVID 19 outbreak. No alternative to isolation had been reviewed or documented to minimise the risk.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. New fire doors had recently been fitted in the centre to ensure a high standard given wear and tear over the years. Residents were supported to safely evacuate from the centre in an emergency. However, fire evacuation maps located throughout the centre required review reflect the current layout of the centre and the functions of all rooms. All fire safety equipment was regularly serviced by a competent person

This inspection took place during the COVID 19 pandemic. It was evidences on the day of inspection that the registered provider had not ensured that effective measures were in place in the area of infection against infection. Up to date guidance was not available for staff in the area of COVID 19. For example, the centre specific contingency plan had not been reviewed since June 2020 to reflect the changing guidance with respect to suspected and confirmed cases of COVID 19. Where the provider had developed a "surge plan" to support residents in the event of an outbreak, this had not been updated since March 2020 and did not incorporate all residents currently residing in the centre. Guidance on universal standard infection control measures were not in place including the correct cleaning products to use. An organisational policy on infection control did not clarify guidance in areas such as donning and doffing of PPE. On the day of inspection whilst the person in charge stated the donning and doffing station was located in the utility room, this was set up by staff in a hallway.

Where one resident had been reported as being a suspected case staff were not observed adhering to PPE guidance. Clarity had not been obtained to ensure the correct suspected status of the resident and therefore ensuring correct measures were in place to minimise the risk of transmission. An immediate action was issued to the provider on the day of inspection to ensure this clarity was obtained and relevant measures put in place. A meeting was held by the provider on the day of inspection to address the areas of non-compliance identified and develop an action plan.

### Regulation 13: General welfare and development

The registered provider had ensured that residents residing in the centre were supported to attend full time education specific to their individual needs.

Residents were supported to participate in meaningful activities and skills training was incorporated into their daily routine.

Judgment: Compliant

### Regulation 17: Premises

The premises presented as a large two storey detached property located in a rural area. Whilst the centre was clean a number of areas required cosmetic attention including communal areas and resident individual bedrooms. The garden to the front of the property also required attention to ensure it was in a good state of repair.

The design and layout of the centre was currently under review by the registered provider to ensure this continued to meet the assessed needs of the residents currently residing in the centre. As part of the walk around of the centre it was noted that one en suite is not used as it is not spacious enough for the resident. Also, the communal area was noted by staff not to provide ample personal space for all residents.

Judgment: Not compliant

### Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect to the designated centre and ensured this was available for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place. Systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies required review. A risk register to address the environmental risk within the centre was present and reviewed by the appointed person in charge. A number of risks however required review to ensure that all risks were addressed.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had not ensured that effective measures were in place in the area of infection against infection. Up to date guidance was not available for staff in the area of COVID 19. For example, the centre specific contingency plan had not been reviewed since June 2020. Where the provider had developed a "surge plan" this had not been updated since March 2020 and did not incorporate all residents currently residing in the centre. Guidance on universal standard infection control measures were not in place including cleaning products to use.

Where one resident had been reported as being a suspected case staff were not observed adhering to PPE guidance. Clarity had not been obtained to ensure the correct suspected status of the resident and therefore ensuring correct measures were in place to minimise the risk of transmission. An immediate plan was issued to the provider on the day of inspection to ensure this clarity was obtained and relevant measures put in place.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider had ensured fire safety management systems were in place. This included fire extinguishers, emergency lighting and staff training. Residents were supported to safely evacuate from the centre with the support from staff. New fire doors had recently been fitted in the centre. Fire evacuation maps located throughout the centre required review the accurately reflect the current status of the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development and review of each individuals personal plan. These were evidenced to be comprehensive and holistic in nature, incorporating the assessed supports needs of residents. All plans were reviewed on a regular basis to incorporate the changing needs and

Judgment: Compliant

### Regulation 8: Protection

The registered provider had effective measures in place to protect residents from all forms of abuse. Should a concern arise appropriate measures were implemented to ensure appropriate investigation was completed.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ard Na Gaoithe OSV-0005335

Inspection ID: MON-0027253

Date of inspection: 18/01/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The service continued to operate within minimum staffing levels as outlined in the services business continuity plan throughout the Covid-19 pandemic.</p> <p>There are now 3 WTE in compliance for the service with estimated start dates of the 30/04/2022. This will ensure that the centre can maintain the staffing levels as outlined in the assessment of needs for each service user.</p> <p>The service managers hours and the team leaders office hours are now clearly evident on the roster.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: On the day of inspection 1 new staff member had not completed mandatory training. It is important to note that the staff member had started within the last 72 hours. All training has been booked for this staff member and will be full completed by the 08/04/2022.</p> <p>On the day of inspection 1 staff member did not have an e-learning cert on file for Covid-19. This is now on file.</p>	



Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure that all areas of non-compliance in internal audits are completed in a timely manner. All actions to be completed by the 30/04/2022.</p> <p>Feedback in relation to the quality of report from the internal unannounced has been provided to the Clinical Risk Manager within the organization.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The organizational structure within the statement of purpose has been reviewed and updated to clearly reflect working practice. The PIC is a PIC for two services and this is reflected in the statement of purpose.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC shall ensure that all incidents are notified to HIQA within the registered time frame.</p> <p>Retrospective incidents have been submitted following this inspection.</p>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The entire service will be painted both inside and outside. This painting work will be completed in quarter 2 or quarter 3 of 2022.

The main bathroom in the service will be completely refurbished we are awaiting date for commencement for the work but are confident it will be completed before the end of quarter two of 2022.

A long term piece of work is in process to completely restructure the centre. This piece of work under review includes the design of the garden at the front and back of the service. This long-term review is currently with the architect and it is difficult to determine a time frame but is in overall budget planning for 2022 and 2023.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 All risk assessments have been reviewed and are in date. All risk registers have been reviewed to ensure that all risks are accounted for in the risk register.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
 On the day of the inspection a vaccinated resident was home from school as a result of a Covid-19 case in his classroom. Following clarity from local Public Health it was confirmed that this resident did not need to be treated as a suspected case of Covid-19.

The Covid-19 surge plan for the centre has been reviewed and updated.  
 The Covid-19 contingency plan for the centre has been reviewed and updated.  
 The business continuity plan for the centre has been reviewed and updated.  
 Risk assessments around Covid-19 have been reviewed and updated.  
 Cleaning rosters have been reviewed and updated.  
 Infection Prevention and control is now a standing item on the agenda for the team meeting.  
 HSE and government guidance is followed by the centre at all times.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A new floor plan for the centre has been added to the evacuation plans on display within the service. On the day of inspection an old floor plan with different room allocation was on display in the service.	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2022
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.	Substantially Compliant	Yellow	08/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/12/2022

	are of sound construction and kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	31/03/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2022
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	Not Compliant	Red	14/02/2022

	healthcare associated infections published by the Authority.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/01/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/01/2022
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	31/01/2022
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	31/01/2022

	incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
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