



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0032244

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to five adults with an intellectual disability. Residents with additional physical and sensory support needs can also be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual and mental health diagnosis. The centre comprises a detached, two-storey house. Each resident has their own bedroom. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The staff team consists of social care workers and support workers.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 June 2021	09:50hrs to 16:25hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that the health, wellbeing and social care needs of residents who lived at The Pines was promoted, and that care was delivered in a person-centred manner. Residents who the inspector met with during the day of inspection appeared relaxed in their environment, and comfortable with the supports provided by staff members.

At the time of inspection the designated centre was providing full-time care to four residents. The inspector was informed that there was one vacancy following a move by another resident to a more suitable centre earlier in the year. The inspector met, and spoke with all four residents throughout the day of inspection while adhering to the public health guidelines of the wearing of a face mask and social distancing. In addition, the inspector met and spoke with staff members who were working on the day.

On arrival to the centre the inspector met briefly with two residents and staff members before going to an upstairs office to review documentation and meet with members of the management team. On arrival to the centre, the inspector observed that one resident was waiting for transport to attend their day service, and the inspector was informed that the resident had recently returned to their day service on a part-time basis. When asked if they were happy to have returned to day service, the resident said that they were. Another resident was observed to be sitting at the kitchen table, and greeted the inspector briefly. Later in the day the inspector got the opportunity to meet and talk with this resident. The resident was observed to be playing a bingo game with staff, and they appeared to be happy and enjoying this activity. The inspector was informed that the resident and staff had been out for a walk to a nearby amenity earlier that day. The resident spoke with the inspector about things that they liked such as; playing bingo, doing artwork, going for walks and drives, speaking with family members on the phone and collecting the post each day. They spoke about something that had made them unhappy in the past and acknowledged that the person in charge had helped them with this concern. When asked if they liked living in the centre, they said that they did. They also spoke about what their favourite dinner was, and also about foods that they could no longer eat due to dietary requirements.

Later in the day, the inspector was invited to meet with two other residents who were in their bedrooms. The inspector was informed that one resident chose to remain in bed for large periods of time, and while staff tried to support and encourage the resident to engage in activities out of the house, their choices were respected if they declined. It was noted that the resident was supported to engage in preferred activities in line with their choices in their bedroom; such as watching television, listening to the radio and they also had a nice view of the back garden, and access to a decking area from their bedroom, which the inspector was told that they often used and also received visitors in line with public health advice. The resident did not communicate verbally with the inspector; however it was noted that

they appeared comfortable around staff supporting them and staff appeared to know them very well.

Another resident invited the inspector to greet them from the door of their bedroom. The resident's bedroom was observed to be colourfully decorated with various art pieces that the resident had created and it was noted that they had access to lots of art accessories and equipment. The resident was supported by staff with an issue that they had raised while meeting the inspector, and it was noted that staff were treating the resident with dignity and were responsive to their needs. The resident was later observed to be relaxed watching television in the communal sitting-room.

As noted earlier, one resident was attending a day service that day, and they were offered the opportunity to speak with the inspector on their return, which they accepted. They spoke about activities that they had taken part in while at day service and also spoke about various family members which they said they made telephone calls to. When asked, they said that they liked living at the centre, and said that they would go to a named staff if they were unhappy about something. The resident appeared to have a good understanding about COVID-19 and spoke briefly about this also.

In addition, the inspector spoke with staff members who were working on the day who talked about the lived experiences of residents at this time. Staff members appeared knowledgeable about residents' individual support needs and were observed to be treating residents with dignity and respect, and residents appeared comfortable in their company. Staff members said that they felt that residents were getting on okay at this time during the public health restrictions, but that the loss of day services and restrictions around visiting family had negatively affected some residents. Staff spoke about alternative activities that residents were engaging in at this time including; taking part in online classes, watching cookery programmes, doing art and going for bus drives. The inspector was informed that two residents and staff were going to a nearby amenity during the day of inspection, for a drive and to get an ice-cream. The inspector also noted through documentation and discussions with staff and residents, that residents were supported to maintain links with their family at the time of public health restrictions, through video and telephone calls and some visiting had commenced in line with the public health guidance.

The inspector also reviewed documentation such as personal plans, the annual review of the service, and residents' house meeting notes in order to get a more detailed view of the lived experience of residents. Residents' meeting notes provided evidence of good consultation with residents about a range of topics such as meal planning, activities, rights, advocacy, COVID-19 information, hand hygiene, vaccines and also included regular discussion about safety issues such as fire drills and how to make complaints. The inspector noted that residents were supported with making choices about how they lived their lives and what goals they wanted to achieve in the future through 'wellbeing meetings' where goals for the future were identified. Some goals identified included; using technology, joining an art group, meeting with friends and online shopping to update their wardrobe.

The centre appeared homely, clean and was nicely decorated with photographs of residents and residents' art work was on display throughout the house. However, it was noted that one of the communal areas was used as storage for various aids and appliances, which could impact on residents' enjoyment of this room. There was a large outdoor garden area that contained garden furniture, ornaments and a range of shrubs. Work had recently been completed on making the garden area more accessible for residents, following an action from the last inspection by the Health Information and Quality Authority (HIQA). The inspector was informed that one resident had enjoyed helping to paint a mural on the back garden wall during 'lockdown', and this helped promote a nice, relaxing space.

Overall, residents appeared happy and content in their home environment and with staff supporting them. 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

The inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents was to a good quality and kept under regular review. However, some improvements were required in the oversight of staff training and in the identification and management of risk, which would further enhance the quality of care provided.

The person in charge worked full-time and was supported in her role by persons participating in management and a team of front-line staff that consisted of a skill mix of social care workers and direct support workers. A planned and actual rota was in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. There was a waking night staff to support residents with their needs, and this had been put in place recently in response to an incident that occurred and the changing need of one resident. The inspector was informed that a nursing assessment was currently underway due to the changing needs of residents, after which a roster review would occur to ensure that appropriate staffing was in place to meet the assessed needs of residents going forward. The person in charge carried out supervision sessions with staff to support them in their role and staff spoken with said that they felt well supported and could raise any issues of concern to the management team if required. Staff meetings were held remotely during the COVID-19 pandemic and a review of records showed that these occurred regularly and demonstrated that there was good attendance and participation from the staff team members.

The person in charge completed a training audit where training was identified for staff to complete to meet the needs of residents living in the centre. The inspector was informed that some training programmes had to be postponed due to COVID-

19; such as training related to behaviour support, First Aid and medication administration, but that dates had now been set for this training to resume. Some online training had been utilised where face-to-face training could not take place. However, a review of the training audit and records maintained in the centre made it difficult to establish when, and if all staff had received the required training. The person in charge informed the inspector that the provider's online system for tracking staff training was not always up-to-date; therefore staff were required to manually sign a form to say that they had completed specific training. However, the inspector found that improvements were needed with this system of monitoring staff training, as not all staff working in the centre were included on the audit. For example; some regular locum staff had not been included. In addition, some staff had not recorded the dates that they had completed the required training, and some of the staff self- declaration records were inconsistent with what was contained on the person in charge's audit and associated documentation. An improvement in this system would ensure that the management team could be assured that all staff had completed the required training in line with the time-frames identified by the provider, and if not actions to address this could be more effectively monitored. In addition, the risks of untrained staff working alone had not been assessed. This will be discussed further in the next section of the report.

In addition to training audits, the person in charge ensured that other internal audits were completed at regular intervals; including audits on fire management systems, health and safety and medication management. In addition, the person in charge and person participating in management held monthly governance meetings to review the quality and safety of care provided, which included reviews of residents' care needs, staffing, safeguarding issues, incidents and notifications to the Chief Inspector of Social Services. A review of incidents indicated that the person in charge had submitted all notifications to the Chief Inspector, as required by the regulations. An annual review of the quality and safety of care and support of residents was completed as required by the regulations which also demonstrated oversight by the provider and management team; however consultation with residents' representatives had not been included in this review.

In summary, the provider and person in charge demonstrated that they had the capacity and capability to manage the centre; however some improvements were required in the monitoring of staff training, assessment of risk and in the consultation with residents' representatives as part of the centre's annual review, which would further enhance the care and support provided to residents.

Regulation 15: Staffing

The centre appeared to be adequately resourced on the day of inspection. A planned and actual rota was in place which demonstrated that care was provided to residents by a consistent team of staff to ensure continuity of care. Some codes and abbreviations on the roster made it difficult to understand the planned rota,

however this was addressed by the person in charge on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were offered training in a range of areas including; safeguarding, fire safety, manual handling, hand hygiene and infection prevention and control. Where training could not be carried out in face-to-face sessions during COVID-19, online training was sourced such as hand hygiene and safeguarding. Where staff were required to have training to fulfil their role in supporting residents such as medication administration and behaviour support, the inspector was informed that dates were set for this month.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management structure in place in the centre. However, the oversight and monitoring of staff training and risk management required improvements. In addition, while the provider had completed the annual review of the safety and care of the centre, consultation with residents' families had not been included as part of this review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre demonstrated that the person in charge ensured that notifications that were required to be submitted to the Chief Inspector were completed, as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, person-centred

service where rights and individuality were respected. Residents who the inspector met with appeared to enjoy living at the centre and were observed to be comfortable in their environment and with staff supporting them. However, some improvements in the management of risk and in the appropriate storage of aids and appliances would further enhance the quality and safety of care.

Residents had personal profiles in place which included comprehensive information regarding their personalities, preferences and routines. In addition, assessments of needs were completed to assess health, personal and social care needs and these were reviewed regularly. Residents were supported to identify personal goals and a sample of files reviewed demonstrated that these goals were regularly reviewed and updated with progress notes. Some goals identified included; creating a sensory garden, enhancing preferred communication methods and linking in with family and friends.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services where this was identified as being required. This also included receiving information about vaccines and making this service available to residents. Where concerns about residents' health were raised, these were followed up with the relevant healthcare professionals and a range of support plans were in place to guide staff in supporting residents with health related needs. On the day of inspection it was noted that residents were facilitated to attend healthcare appointments. In addition, there was evidence that residents had access to multidisciplinary supports such as psychologists, physiotherapists and occupational therapists, where required.

Safeguarding of residents was promoted through staff training and the ongoing review of incidents that arose in the centre. In addition, residents were supported to be aware about how to keep themselves safe through regular discussion at residents meetings about rights and about how to make complaints. There was evidence that any safeguarding concerns raised were screened in line with the safeguarding procedures. In addition, residents who required supports with behaviours of concern had specific plans and protocols in place, which had a multidisciplinary input. A sample of restrictive practices was reviewed and the inspector found that these were kept under regular review by the person in charge, and assessed as being the least restrictive option for the shortest duration.

The inspector found that residents' rights were promoted through discussion about advocacy and rights at residents' meetings. In addition, there was evidence in the meeting notes and through discussions with residents, that residents were consulted with regard to their day-to-day lives. Residents were also supported to practice their religious faith in line with their wishes and residents had 'spiritual support plans' in place where appropriate.

The premises was nicely decorated and contained personalised art work and photographs which added to the homely atmosphere. Some work, as identified in the previous HIQA inspection report had recently been completed to make the garden area more accessible for all residents, and the inspector was informed that an occupational therapist had been consulted to ensure residents' could access the

area. Some internal painting work was outstanding following recent maintenance work, and the inspector was informed that this was planned for July. There were two sitting rooms for use by residents; however one sitting room was noted to store a range of aids and appliances, and the inspector was informed that one resident would regularly use this room for leisure purposes. This required review to ensure that a more suitable area was used for aids and appliances, that would not impact on residents' enjoyment of their sitting-room.

There were systems in place for fire safety management; including fire safety audits and reports, a fire safety procedure and regular checks on fire safety systems. Residents had up-to-date personal emergency evacuation plans in place, and regular fire drills occurred to ensure residents could be evacuated safely. It was noted in the most recent fire drill, which had occurred the previous week, that one resident was slow to evacuate, resulting in a longer than usual evacuation time. The inspector was informed of plans to progress the moving to a downstairs bedroom for this resident who was currently accommodated upstairs, and which would reduce the risks associated with mobility on the stairs. This plan was at the early stages and would form part of the review of the changing needs of residents.

The provider ensured that there were systems in place for the prevention and control of infection. This included staff training, health and safety audits, posters on display around the house about prevent infection transmission, use of personal protective equipment (PPE) and availability of areas to sanitise hands. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans. Residents' meetings demonstrated that residents were supported to understand measures to protect themselves from infection with regular discussion occurring about COVID-19 and hand hygiene.

There were systems in place for the identification, assessment and management of risk, including an up-to-date risk management procedure. In general, risks that had been identified at service and resident level had been assessed. However, one risk had not been assessed with regard to staff working alone at night who did not have the required training as identified in residents' support plans. While the inspector was informed that there was an on-call system in place for out-of-hours should the staff members require support with residents' care, this had not been assessed as to its effectiveness, especially in the context of residents' requiring emergency medication. Following discussion, the person in charge assured the inspector that staff would not work alone until they had completed the required training to be able to safely support residents with all of their medical and care needs.

In summary, residents were provided with person-centred care and support and there was evidence that residents' rights, interests and uniqueness were valued. Improvements in the identification and assessments of risks and in addressing the issues with storage of equipment in the premises would further enhance the quality and safety of care provided.

Regulation 17: Premises

The premises did not have suitable storage for aids and appliances, as these were stored in a communal sitting -room. Some internal painting works required completion, and the person in charge informed the inspector that a date had been set for July 2021 to get this work completed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

In general, risks identified were assessed and managed in line with the organisation's procedure. However, the risk of staff working alone at night without having the required training as outlined in residents' care plans had not been assessed. This was required to ensure that the measures in place at night were safe and effective in ensuring that residents' complex health needs and identified supports could be met in a timely manner.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19 and the availability of PPE. In addition, residents were supported to have the knowledge and awareness about how to keep themselves safe during COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were arrangements in place for the detection, containment and responding to fire. Fire drills were carried out regularly; including drills to ensure all residents could be evacuated safely with the minimum staffing levels. While the most recent fire drill indicated a slow evacuation time, the person in charge spoke about changes in one residents' environment that would help ensure the time taken to evacuate would improve.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans were developed where this was identified as being required. Personal plans were under regular review and updated as required. Family members were consulted in the wellbeing meetings regarding their family member's care and support, where appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, where these were required and recommended. This included access to General Practitioners, chiropodists and dentists, as well as access to the national screening programmes and vaccines. In addition, multidisciplinary supports such as occupational therapists and physiotherapists were available as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had plans in place which included a multidisciplinary input. A review of the environmental restrictive practices in place demonstrated that these were kept under regular review, and assessments were completed to ensure that they were the least restrictive option and proportionate to the risks posed.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding, and staff spoken with were aware of what to do in the event of a concern of abuse. Safeguarding concerns that were raised were screened in line with the safeguarding procedure, and safeguarding was an agenda

item at the governance meetings. In addition, residents had comprehensive personal and intimate care plans which outlined the supports required in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre and about making choices in their day-to-day lives in line with their communication preferences. There were easy-to-read documents available to support residents to understand a range of issues.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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	Compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0032244

Date of inspection: 10/06/2021

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>PIC will ensure that all staff including permanent and regular relief staff are included on the training record audit recorders. Local system is now in place where all staff will submit evidence of completion of training courses, which will include date that they are successfully completed.</p> <p>Registered Provider will ensure that the online training records are effectively managed and maintained on the IT system, this work will be completed by the end of the year.</p> <p>PIC has completed risk assessment on untrained staff lone working. Safety measures are now in place to address this issue. Whereby regular relief staff will receive the appropriate training.</p> <p>Organizational risk assessment regarding untrained lone working staff is identified and on the organizational risk register.</p> <p>PIC will ensure that Annual review will reflect consultant with families.</p> <p>PIC will ensure that the aids and appliances are no longer stored in the small sitting and will be stored in the garage.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>PIC will ensure that all aids and appliances will be temporarily stored in the vacant bedroom until the garage is cleared and aids/appliances will be safely stored in the</p>	

garage when not in use.

PIC will ensure that the outstanding paint work will be completed

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

PIC has completed specific local risk assessment regarding untrained staff in Diabetes and administration of rescue medication for Epileptic seizure activity when lone working. Permanent and regular relief staff that are trained in the necessary areas will be roster on duty. When short notice cover is required. Qualified agency nurses will be engaged for the shift where possible.

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2021
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	20/12/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/08/2021
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/07/2021

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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