



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

Issued by the Chief Inspector

Name of designated centre:	Burren Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	16 February 2021
Centre ID:	OSV-0004990
Fieldwork ID:	MON-0031021

About the designated centre

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

Burren Services provides a full-time residential service to ten adults with high support needs in the context of their disability. These needs may include medical, communication, mobility and sensory needs. The provider aims to provide residents with a home for life and the age range of the residents supported is from 18 years to end of life. The centre comprises of two adjacent houses in a pleasant, rural but populated area. Five residents live in each house. Given the range of needs that the service aims to meet, the staff skill-mix includes nursing staff, support workers, social care and, housekeeping staff. There are staff on duty at all times. At night there is one staff on waking duty in each house. Responsibility for the day-to-day management of the service is delegated to the person in charge who is currently supported by a team leader in each house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Tuesday 16 February 2021	10:30hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

From records reviewed, discussions with staff and the direct observations of the inspector, the inspector concluded that residents enjoyed a good quality of life in this centre. Resident well-being, welfare and safety was the focus of the provider and of the staff who supported the residents each day. However, internal monitoring by staff of the quality and safety of the service, had identified that all residents did not live compatibly together as they had different needs. This incompatibility impacted negatively at times on both the safety and quality of residents' lives. While this was being managed by the provider so that residents were protected, further action was needed, so that all residents received the best possible, and most appropriate service at all times.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected safely. For example, the inspector was based in one house and did not move between the houses. The inspector limited the time spent with staff and residents and in communal areas. The inspection was facilitated by the person in charge and the team leader; the team leader was one of the nursing staff employed in the centre. The inspector met briefly with the other staff on duty at intervals during the day. The inspector met with the five residents who lived in this house. The inspector did not meet with any family or representatives but did see feedback that representatives had given to the provider. Four representatives had completed an internal questionnaire and had described the service and staff as excellent.

On arrival the inspector saw that the accommodation provided to residents was of a high standard and though the houses were located in a rural area it was well-populated. The local residents were described by staff as welcoming and inclusive. Transport was provided for both houses and had recently been increased by the provider. This allowed staff to offer greater flexibility and choice to residents, particularly where it was no ideal or safe for residents to travel together. Internally the house was well maintained, welcoming and homely with art worked completed by residents prominently displayed. However, the provider did need to review some floor surfaces in the house as they had been identified as a slip hazard for both residents and staff. The inspector saw that each resident was engaging in a different routine such as relaxing in their room, engaging in table-top activities with staff, or were out for a walk with staff. These observations reflected the individuality of the service and of the daily routines. Staff were noted to be mindful of the privacy and dignity of residents when introducing the inspector to residents and, when familiarising the inspector with the layout of the house. For example staff did not enter rooms where personal care was being delivered and did not speak about residents in their presence.

The five residents were not verbal communicators and were curious, but a little cautious in engaging with the inspector who was not known to them. While

residents may not have given a direct account to the inspector of what life was like for them in the centre, the inspector saw that residents looked well and were content to be with the staff on duty. Staff described how each resident had their own unique way of communicating their needs and choices such as words, gestures or expressions. What the inspector saw indicated that residents had, and did exercise choice. For example residents moved freely around the house with and without staff including a resident who used a mobility aid. A resident was seen to leave a planned activity as and when they decided. Later, when the inspector had reviewed a range of records, the inspector was assured that the support observed was as planned and required by each resident. For example the mid-morning walk in the company of staff, the mid-morning snack that staff were preparing and, one-to-one supervision that was needed in response to the incompatible needs mentioned above. A resident liked to make their own cup of tea and was seen to do so while staff offered discreet supervision and minimal assistance. The house was busy but not in a rushed or stressful way. In the evening as the inspector was leaving, there was an appealing aroma of curry. Staff confirmed that residents has requested curry and chips. Staff were preparing the curry sauce while other staff and residents were getting ready to go and collect the chips.

Residents received an integrated type service. That is a combination of residential and day service support was provided for residents in their own home. The person in charge described access for residents to in-house and community based programmes. Residents were supported by staff to achieve their personal goals and objectives. From records seen the inspector saw for example, that two residents had been supported to return to their place of origin, their first trip home in many, many years. Another resident had been supported to get his first passport and to enjoy his first trip on an aeroplane. Residents had attended the Galway races and had been delighted to meet Uachtarán na hÉireann. Learning from the impact of COVID-19 on residents' routines and choices had led to change and developments. A dedicated activity co-ordinator had been appointed. Work was in progress to re-develop an external building into a dedicated recreational space as residents now spent more time in the house. The person in charge confirmed that residents would continue to access external resources and programmes in line with their wishes and abilities.

In addition to their social and developmental needs residents had medical and healthcare needs. The inspector found that residents received a good standard of care that ensured that they continued to enjoy good health. The staff skill-mix in both houses included nursing staff but all staff working in the centre contributed to the care that residents received.

Visits to the centre were currently suspended. This was discussed with the person in charge who assured the inspector that this was not causing any difficulty for residents or their families. The person in charge confirmed that risk-assessed visiting if needed, would be permitted on critical or compassionate grounds. In general, the provider had arrangements and controls to manage the risk of COVID-19 and there was evidence of much good practice that has been effective in protecting residents and staff. Residents had in the days prior to this inspection received their first vaccination dose and were well and content. However, the provider did as a matter of priority need to review, amend and provide arrangements for staff to have meal

breaks in a way that maximised safety for both staff and residents; this will be discussed later in the main body of the report.

As discussed above it was evident that residents enjoyed a good quality of life, in a comfortable home, supported by a staff team that respected their individuality and choices. However, there were resident needs that were not compatible, this created risk and did at times have a negative impact on residents' lives. The provider was responsive to this risk and had put measures in place to manage the risk. Ultimately however, the arrangements in the centre were not suited to all residents' needs and requirements. This will be discussed in the main body of the report as the next two sections of this report present the findings of this inspection, in relation to the governance and management arrangements in place, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place that ensured and assured the provision of a safe, quality service. The provider had good and effective systems of governance and was responsive to matters that impacted on the quality and safety of the service. However, further improvement was needed in the management of risks, infection prevention and control and in providing all residents with a service and arrangements that were suited to their particular needs.

Responsibility for the day-to-day management of the service was delegated to the person in charge supported by a team leader in each house. It was clear to the inspector that the person in charge and the team leader understood their individual roles and responsibilities and had a clear understanding of how a safe, quality service was delivered and monitored. For example the inspector saw that data such as accidents and incidents was reviewed at regular intervals and corrective action was taken to improve both safety and quality. These corrective actions included detailed discussions at staff meetings with good staff attendance at these meetings. Other actions taken to improve the quality and safety of the service included the allocation of specific staff responsibilities each day so that there was clear accountability. There was evidence of referral to the multi-disciplinary team for further guidance, for example when there was a change in needs. It was evident to the inspector that the person in charge and the team leader worked well together and had a shared commitment to the safety and well-being of the residents.

The person in charge had responsibility for three other designated centres but was confident that the governance arrangements in place offered her adequate and effective support. The person in charge and the team of team leaders met formally once a month and the person in charge was satisfied that she was kept well informed of what was happening in each centre. In addition the person in charge told the inspector that she had access to and support as needed from her line manager, who was kept informed of matters arising in the centre and, to whom any

concerns were escalated. For example, prior to the conclusion of this inspection the person in charge had escalated the infection prevention and control findings, had sought appropriate advice and assured the inspector that practice would change as a matter of priority. This action demonstrated commitment not only to regulatory compliance but also to ensuring that resident and staff safety was maximised at all times.

The inspector found that there was a structured approach to monitoring the quality and safety of care provided and a range of audits and reviews informed quality improvement plans. In addition to the effective use of data referenced above, the provider was also completing the annual review and the six-monthly audits required by the regulations. Feedback was sought when completing these reviews and as stated in the first section of this report, very positive feedback had been received from residents' representatives. It was evident that overall, these reviews improved the support and care that was provided to residents. For example, the re-development of the activity programme referred to in the first section of this report and, the introduction of structured routines and supervision in response to negative peer-to-peer incidents. The person in charge reported that this had reduced the risk but the need for a longer term solution had been identified. This will be discussed in the next section of this report.

The inspector reviewed a sample of staff rotas and saw that the rota reflected the skill-mix, staffing levels and staffing arrangements described to, and observed by the inspector. While this was not a nurse-led service nursing advice and care was available most days and nights. There was some fluctuation in staffing levels but a minimum of three staff were on duty every day up to 21:30hrs. The person in charge and the team leader were both satisfied that these staffing levels were adequate to meet the assessed needs of all the residents including the one-to-one staffing arrangement. All grades of staff were supervised.

The training provided to staff was monitored to ensure the programme of training met mandatory training requirements but, also reflected the assessed needs of the residents. Attendance at training was monitored and, based on the records seen by the inspector there were no deficits in training and refresher training was planned. All staff had completed training in response to COVID-19 including hand-hygiene, the correct use of personal protective equipment (PPE) and, how to break the chain of infection.

Regulation 14: Persons in charge

The person in charge worked full-time and had the knowledge, skills, experience and ability needed to fulfill the role effectively.

Judgment: Compliant

Regulation 15: Staffing
Staffing levels, arrangements and skill-mix were appropriate to the number and assessed needs of the residents. The staff rota clearly presented this information.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to and had completed training that reflected the assessed needs of the residents. The programme of training included training in response to the COVID-19 pandemic.
Judgment: Compliant
Regulation 23: Governance and management
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. There was a structured approach to monitoring the quality and safety of care provided. A range of audits and reviews were in place and were used to inform quality improvement plans.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was current and contained all of the required information such as the management structure of the centre and the criteria for admissions.
Judgment: Compliant
Regulation 31: Notification of incidents
Based on the records seen in the centre the provider had adequate arrangements that ensured incidents and events were notified to HIQA (Health Information and Quality Authority). For example times when the needs of one resident

impacted negatively on a peer.

Judgment: Compliant

Quality and safety

Overall the inspector found that resident well-being and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of risk management, infection prevention and control and, providing each resident with the service and arrangements that were best suited to their individual needs and requirements.

Having discussed resident needs, the care and support provided and challenges arising in the centre, the inspector purposefully reviewed one assessment of needs and personal plan. The plan was comprehensive and reflected the needs, support and care described to the inspector. The plan was kept under review with evidence that any change, increased risk and, the effectiveness of the plan, were discussed with the relevant members of the multi-disciplinary team and the management team. This oversight ensured that the care and support provided was evidence based, altered as needed and always sought to improve the quality and safety of life in the centre. For example in response to the incompatibility of resident needs discussed in the opening section of this report, a detailed structured routine and programme of engagement had been introduced for a resident. These interventions were implemented in consultation with the positive behaviour support team. Staff responsibility for the implementation of this routine was allocated daily. Any incident that occurred was reviewed to identify any possible failings in the routine and then discussed with the staff team. The person in charge described how specific the routine was and how even the smallest unintended deviation, such as leaving a kettle in a particular place, could act as a trigger for behaviour that impacted on the safety of peers.

This routine was reported to be effective in reducing risk. However, while these strategies were managing the impact, the arrangements in the centre were not best suited to the needs and requirements of a resident. Records seen such as the findings of the recent internal review, safeguarding reviews and, reviews of the personal plan all reported that a better, long-term solution in the form of an alternative placement was needed. This was required so that the resident would have the low-arousal environment that they needed, an environment that they could control without impacting on and being impacted by, the routines of their peers. However, at the time of this inspection, there was no agreed alternative location or time-frame by which this would be provided.

Because of these incompatible needs there were two active safeguarding plans. These plans, the routine and supervision discussed above demonstrated the provider's commitment to address these matters and ensure that each resident was

safe. The person in charge and the team leader had a clear understanding of each resident's needs and challenges, how life was good but could be better and safer for residents with different living arrangements. There were clear procedures for monitoring safeguarding incidents, reporting and reviewing them in consultation with the designated safeguarding officer and the behaviour support team.

This risk to resident safety and quality of life was identified and responded to by the provider as were other risks such the risk of falls, risk of choking and the risk of leaving the house without staff when it was not safe to do so. Each accident and incident was reviewed individually and then collectively to identify any learning required and if additional controls were needed. There was evidence of controls in practice such as the provision of electronic gates to improve the security of the grounds, falls-prevention care plans, eating and drinking plans advised by speech and language therapy, and access to rescue medicines required in the event of a medical emergency. However, the review of falls had identified that some flooring in the house presented a slip-hazard to residents and staff and this was not addressed. In addition, while it did not impact on the management of the risk, the scoring of some risk assessments required review. Review was needed so that assessment more accurately reflected the level of risk that presented and to ensure that the risk scoring was consistent in both the register of risks and in the individual plans. For example the risk assessment for behaviour that impacted on the safety of peers did not accurately reflect the likelihood based on the incidents that had occurred and as notified to HIQA, or the impact, which while not acceptable had not resulted in any evident distress or significant harm.

The provider had implemented practical measures to prevent the accidental introduction of COVID-19 to the centre and, to reduce the risk of it spreading if it was unintentionally introduced. The person in charge confirmed that adequate stock of cleaning and sanitising products and, PPE was available including enhanced PPE in the event of suspected or confirmed COVID-19. All staff including household staff had completed a range of relevant training. Staff were seen to support a resident to complete hand hygiene before they participated in a housekeeping task. There were contingency plans for responding to suspected or confirmed COVID-19 and the plans recognised the challenge to restricting or isolating residents; there was a plan to address this. The person in charge clearly described how any concerns arising to date had been managed. Resident and staff well-being was monitored regularly each day and there was awareness of the possibility of atypical symptoms. There were internal facilities for testing for COVID-19 and in the days prior to this inspection residents had received their first dose of vaccine. However, the inspector observed that residents and other staff were present in the main kitchen while staff took a meal-break. The inspector saw that a safe physical distance was not maintained between staff and between residents and staff, all of whom were not wearing a surgical-mask. The inspector was not assured that these arrangements were in line with recommended guidance or that they sufficiently minimised the risk of transmission between staff and between staff and residents. The person in charge responded swiftly to this finding and assured the inspector that alternative arrangements were to be put in place for staff as a matter of priority.

Regulation 11: Visits

Visits to the centre were currently suspended. The person in charge told the inspector that regular telephone contact was maintained with families and outdoor visiting had been facilitated. The person in charge assured the inspector that visits on critical or compassionate grounds would be facilitated if needed, following an assessment of risk.

Judgment: Compliant

Regulation 13: General welfare and development

As discussed in the opening section of this report residents received an integrated type service in their home and, were offered a range of activities in line with their abilities and preferences. There were plans in progress to develop and improve this programme. Staff were cognisant of the risk and the impact of COVID 19 on the choices and facilities available to residents and sought to reduce the impact. For example residents continued to access safe outdoor spaces and technology was used to facilitate some programmes such as music on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The review of falls had identified that some flooring in the house presented a slip-hazard to both residents and staff; this was not addressed. In addition, while it did not impact on the management of the risk, the scoring of some risk assessments required review so that they more accurately and consistently, reflected the level of risk that presented and the level of residual risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector was not assured that the arrangements in place for staff to have meal-breaks were in line with recommended guidance or that they sufficiently minimised the risk of transmission of COVID-19 between staff and between staff and residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Based on the visual inspection of this house, records seen and discussed with staff, the provider had effective fire safety arrangements. This included effective arrangements for the safe evacuation of residents in the event of fire. Staff tested these evacuation procedures at regular intervals.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The arrangements in the centre did not meet the assessed needs and requirements of a resident. The need for an alternative placement, better suited to the needs of the resident had been identified. However, there was no agreed alternative location or time-frame by which this would be provided.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were assessed by staff; the care needed so that each resident enjoyed good health was set out in a plan of care. The record of the care provided each day by staff provided assurance that the plan was consistently implemented, for example plans that ensured blood sugar levels were within the levels recommended. Residents had access to the clinicians and healthcare services that they needed. There was a preventative and health promoting ethos to the care provided with residents participating in national screening programmes and accredited studies of age related healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Support was provided to residents so that triggers for behaviour of concern and risk were avoided and responses were therapeutic. These preventative and responsive strategies were informed with input from positive behaviour support. The consistent

implementation of these supportive strategies was monitored. Staff had completed training in responding to behaviour including de-escalation and intervention techniques. The observations of the inspector in this house indicated that residents had minimal restrictions in their lives other than those that were needed to manage identified risks to their safety or the safety of others. The team leader clearly described how the frequency of incidents and the level of risk that presented informed the use and proportionality of any restrictive interventions in use.

Judgment: Compliant

Regulation 8: Protection

The provider recognised and responded to situations that impacted on the safety of residents such as needs of that were not compatible as discussed in this report. Management supported staff to recognise, record and report safeguarding matters up to and including reporting to the designated safeguarding officer. Action was taken to protect the safety of each resident.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge described how each resident was consulted with and participated in decisions about their support and care. For example some residents actively engaged with easy read or visual information. The local advocacy representative was available to represent the residents living in this house. The routines observed by the inspector and records seen, reflected a service that was individualised, where residents had choices, flexibility and reasonable control in their daily routine, for example when they got up and when they retired to bed.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Burren Services OSV-0004990

Inspection ID: MON-0031021

Date of inspection: 16/02/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In order to comply with Regulation 26 the Person in Charge has secured a budget and a contractor appointed to replace the flooring in the house which presents a slip hazard to residents and staff.</p> <p>In addition, the scoring of risk assessments in place in the house will be reviewed in order to ensure they are more accurate and consistent in both the risk register and the individual plans.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In order to comply with Regulation 27, the Person in Charge has put in place new arrangements for meal and staff break times which will minimize the risk of transmission of COVID-19 between staff and residents.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In order to comply with Regulation 5, the Provider will source an alternative long term placement that will more appropriately meet the needs for one Person Supported.</p>	

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 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	30/04/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	17/02/2021

	associated infections published by the Authority.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2022