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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ard Na Gaoithe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Resilience Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20 October 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005335</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030750</td>
</tr>
</tbody>
</table>
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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How we inspect

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 20 October 2020</td>
<td>12:35hrs to 17:48hrs</td>
<td>Carol Maricle</td>
<td>Lead</td>
</tr>
</tbody>
</table>
## What residents told us and what inspectors observed

On the day of the inspection there were four residents in receipt of a full-time residential service and the inspector spent time with three of these residents. The inspector did not meet with a fourth resident as they indicated through vocalisations and body language upon arrival back from school that they did not wish to spend time with visitors to their home.

Each resident had their own unique method of communicating their needs and wants. They were supported by staff to communicate their needs using their body language, gestures, prompts and vocalisations. The inspector observed that residents were comfortable with the support provided by staff and they appeared content and happy.

The atmosphere in the home was busy yet calm and all three residents were observed coming in from school, having a snack and some being supported to watch their favourite television programme. The inspector could see that some of the residents liked one to one attention and wanted to sit closely with staff. Staff balanced the need to pay attention to each of the residents while at the same time unpacking their school bag, preparing their snacks and planning with other staff the activities for the evening. Staff also were observed sharing information with each other appropriately about how the school day had went for each resident. The inspector was told that the poor weather was impacting the activities the residents could enjoy that day as normally they would be out in the garden or taken to playgrounds. Notwithstanding the weather the residents were content and appeared stimulated. There was lots of laughter observed by the inspector in the house amongst residents and staff. One of the residents was supported by two staff to engage in sensory play using water and other in-house games and activities. A second resident was reported by staff to not be feeling the best on the day and there was attention given to the resident by staff along with appropriate consideration to pain relief. There was a festive atmosphere in the home with Halloween approaching and there was already talk amongst staff of the December holiday season and the types of gifts the residents might like to receive such as tablets and other electronic items.

This inspection took place during the COVID-19 pandemic. It was not possible to ascertain the understanding each resident had of the pandemic however, the inspector observed staff wearing masks and engaging in respiratory and cough etiquette. During conversations with staff, they knew what to do to keep the residents safe from the risk of infection.

At the end of the inspection, the inspector observed the residents to be relaxing and engaging in activities that children of their age typically enjoyed such as watching television, spending time with staff in the kitchen and relaxing in their bedroom after their day in school. The atmosphere resembled a typical family home.
Capacity and capability

This was the fifth inspection of this centre. This inspection took place during the COVID-19 pandemic and was conducted to monitor ongoing regulatory compliance.

The findings of this inspection indicated a good level of compliance with the Regulations. The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose. The inspector found that the capacity and capability of the provider supported the delivery of a safe quality service. The management team and staff were very child-centred in how they delivered the service. There was evidence that residents were supported to live their life in line with a typical life experienced by children of the same age. Two improvements were required to bring the centre into compliance with the Regulations and these are set out in the compliance plan.

There were arrangements in place to ensure effective leadership, governance and management. There was a clearly defined governance structure with lines of authority and accountability. Both the person in charge and team leader demonstrated a strong knowledge of all residents living at this centre. The person in charge had been appointed to the centre in late 2018 as a service manager and had the required experience and qualifications in line with the Regulations. She worked full-time at this centre. She was supported in her managerial duties by a team leader. This team leader had worked in the centre since it had opened and she had a very good insight and knowledge of the residents from when they first came to live here. The arrangements in place to ensure good governance of the centre during night-shifts and weekends was led by a staff member identified on the roster as lead member with the support of the provider led on-call service.

There was a competent workforce in place and this ensured that residents were kept safe and well looked after. Adequate staffing levels met the required needs of the residents. There was evidence of ongoing continuing professional development of the staff team. Staff received recent training in areas relevant to the COVID-19 pandemic. The inspector saw evidence of formal supervision in place. The inspector met with a number of staff during this inspection, including a staff member who was assigned key-working responsibilities. All of the staff spoke fondly of each resident, they were proud of the developmental milestones each resident had achieved in the past year and gave examples of such achievements in areas such as emotional, social and personal development.

The registered provider had ensured that there were sufficient use of resources at the centre. The centre was fully staffed. The residents had use of vehicles that they had access to daily. The residents had a large back garden with outdoor play equipment. The staff team and person in charge had established good working
relationships with school-based multidisciplinary teams to access appropriate services for each resident.

This inspection took place during the COVID-19 pandemic and there was evidence of good leadership both nationally within the registered provider and locally by the management team regarding the management of this risk. The registered provider had the resources they needed to prepare for and respond to an outbreak. There was a contingency plan in place and a formal organisational response to the risks associated with COVID-19.

The provider had good systems in place to monitor the quality of care. Processes were in place for the annual review of the service and this was informed by questionnaires completed by the family representatives of the residents. The review was also informed by two provider-led six monthly unannounced inspections of the service conducted within the previous 12 months. Action plans arising from these inspections were in place with clear time frames for the completion of all actions arising.

The inspector saw that the management team maintained a directory of residents and relevant information of a resident that had discharged a number of months earlier had been added to it along with the name of the centre that the resident was discharged to.

The provider had ensured that any user of the service could make a complaint. There was an adequate system in place to manage the receipt of complaints and the review of the complaints showed that a small number of complaints had been made in the 12 months prior to this inspection. The records showed that the complainant was satisfied with the outcome on each occasion.

**Regulation 14: Persons in charge**

The registered provider had appointed a person in charge of the designated centre. The post was full-time and the post-holder had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

**Regulation 15: Staffing**
The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, its statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

**Regulation 16: Training and staff development**

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of their continuing professional development. Staff were appropriately supervised.

Judgment: Compliant

**Regulation 19: Directory of residents**

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

**Regulation 23: Governance and management**

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in the centre. Management systems were in place to ensure that the service was safe, appropriate to the needs of the residents, consistent and effectively monitored. The registered provider had prepared a written report on the safety and quality of care and support provided in the centre following an unannounced visit to the centre.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The registered provider had prepared a statement of purpose that contained the information set out in Schedule 1.
Judgment: Compliant

**Regulation 31: Notification of incidents**

The person in charge had not submitted details of all the restrictive practices in use at the centre for the first two quarters of the year. The details of an alleged adverse incident, although screened and dealt with by the person in charge was not submitted in writing within three working days to the chief inspector. These matters were attended to immediately by the person in charge during and after the inspection.

Judgment: Not compliant

**Regulation 34: Complaints procedure**

The registered provider had put in place a complaints procedure for residents which was accessible and age-appropriate. The registered provider had ensured that a record of all complaints was made together with the details of any investigation, outcome of the complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied with the outcome.

Judgment: Compliant

**Quality and safety**

Overall, the inspector observed that the quality and safety of the service was very good. At the time of this inspection, all four residents lived full-time at the centre and the centre was at full capacity. The centre could also provide a shared care service, as set out in the statement of purpose.

There were systems in place to ensure that the residents, their needs and their supports were to the fore of the service. Staff promoted the rights of the residents in areas such as their right to education, their right to privacy, safety, play and their right to spend time with their family.

This home was observed to be a busy child-centred home with all residents being cared for and supported in an individual manner in keeping with their needs and preferences. Residents were usually supported to spend time with their families by visiting them and having visitors come see them at their homes. At the time of this inspection, visits to the home had been impacted by the COVID-19 pandemic. Staff
told the inspectors about lots of alternatives they supported the residents to do in to keep in contact with their families, such as using their tablets to call and see their families and meeting with them outdoors. The person in charge was knowledgeable of how guidance in visiting to long-stay residential services was changing frequently and she was aware of the varying guidance over the previous number of months, meaning that the residents had where appropriate seen their families in person in the months prior to this inspection and at other times this had been curtailed and replaced with telephone contact.

Each resident had their own bedroom, access to shared communal spaces and plenty of outdoor play space. The house was spacious, clean and very homely. On the day of the inspection, the house was being painted while the residents were in school. This arrangement ensured the residents were not inconvenienced. Some of the bedrooms of the residents were observed to be sparsely decorated and this was explained to the inspector as to be in keeping with needs and preferences whereas other bedrooms were decorated fully and had lots of decorative items such as cushions and throws. The rear garden was big, safe and had lots of outdoor equipment for the residents to play in. There was a small enclosed side garden to one side of the house which could be used by a resident should they require a more one to one service.

Residents at this home were all viewed as individuals with unique strengths and talents. The staff team spoke highly of each resident and they were observed having sufficient time during their day to sit and play with them. Each resident had the benefit of being supported by a team of multidisciplinary professionals linked to their school. The inspector saw evidence of good relationships between staff and these teams and this ensured that both parties exchanged relevant information with each other. There were also good relations reported by staff between them and the families of residents and this ensured that all parties were kept informed of the needs of the children. The inspector saw documentary evidence of regular communication between parents and the staff team. Staff spoke of their respect for the families of the residents and their efforts at making sure the families were central to decision making. Staff also spoke about the importance that siblings played in the life of the residents. Prior to restrictions imposed by the COVID-19 pandemic one of the residents now spent quality time with a sibling enjoying a regular outdoor activity.

The registered provider had systems in place regarding personal planning arrangements. The inspector found that that the personal plans of residents were all about them and their goals and development. Each resident had an assessment of their needs completed in the previous 12 months. Some staff were appointed as key workers to each resident and this role had a number of responsibilities assigned to it. Personal plans were reviewed annually. Staff discussed with the inspector about the progress both socially and emotionally that each of the residents were making as they entered their formative teenage years.

Each resident was supported with their health care needs and had as required access to a range of allied health care professionals, including a general practitioner (GP) and dentist. They generally accessed multidisciplinary services through their
school. The staff team had access to a behavioural support specialist employed by the provider. Staff confirmed that they had easy access to this service and there was documentary evidence of behavioural support plans in place for each resident, where required.

There were systems in place to keep residents safe. Staff had undertaken training in child protection and staff reacted and responded well to allegations of abuse and peer to peer interactions. Staff understood and had reported concerns of a child protection nature to the management team. The management team had where appropriate, and in conjunction with their designated liaison person notified the families and Tusla of their concerns. Where residents were in the care of the State, the person in charge had the information they needed such as a Tusla child in care plan that set out how residents were to be cared for. The management team were also invited to and participated in meetings organised by Tusla that reviewed this care plan. There was a good working relationship between the staff team and Tusla social workers, as seen in documentation viewed by the inspector. This ensured that there was consistency in the care and support given to each resident.

It was clear from speaking with staff that they cared for each resident they supported and they could see through any behaviours considered challenging by some. Behaviour support plans were comprehensive and were reviewed regularly. Staff were trained in the management of acute and potential aggression. A number of restrictive practices were being used in the centre and these had been reviewed throughout the previous 12 months. From discussions with the team leader and person in charge they were pleased with how they had successfully decreased the amount of practices used at the centre in the 12 months prior to this inspection, especially with regard to a resident with whom they had provided a single occupancy type living arrangement upon their admission to the centre which now had been completely withdrawn and the resident now lived among their peers with the right numbers of staff supporting them. A small number of practices had not been included in the quarterly notifications to date and this was attended to immediately by the person in charge.

Overall, there was a good standard of cleanliness observed throughout the centre. Staff were observed adhering to infection control precautions. On arrival at the centre guests were asked to perform hand hygiene and have their temperature taken. There were posters displayed around the centre that set out the importance of hand hygiene and cough etiquette. Staff wore masks. There were sufficient supplies of personal protective equipment. An improvement was identified in the area of cleaning tasks sheets as while these were completed by staff they were not demonstrative in setting out in writing all of the cleaning duties that staff performed daily. Furthermore staff did not all complete the paperwork in the same manner. Given the importance of cleaning and sanitising the provider needed to improve how they were assured that these tasks were carried out in line with guidance issued by the centre's own policy on infection control.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. From a provider perspective, there was a centre risk register which detailed generic hazards at the centre. This had been reviewed...
regularly by the person in charge. The risks associated with COVID-19 were also set out and the inspector could see that the controls put in place to mitigate against same were carried out. Each resident had their own set of individualised risk assessments that set out important information for staff to be aware of.

Fire safety management systems were satisfactory with the required equipment and fire containment systems in place and serviced as required. The premises had a fire alarm panel, emergency lighting, fire containment doors and a number of extinguishers present throughout the home. There were systems in place to ensure all fire fighting equipment was serviced as required by a fire safety consultant. Each resident had an up-to-date personal emergency evacuation plan in place. The residents participated in fire drills.

**Regulation 11: Visits**

The registered provider facilitated residents to receive visitors. There were suitable communal facilities for residents to meet with their visitors.

Judgment: Compliant

**Regulation 13: General welfare and development**

The registered provider had provided each resident with opportunities for education, recreation, play and the development of life skills to help prepare for adulthood.

Judgment: Compliant

**Regulation 17: Premises**

The registered provider had ensured the premises of the centre was designed and laid out to meet the aims and objectives of the service. It was of sound construction and kept in a good state of repair. It was clean and suitably decorated.

Judgment: Compliant

**Regulation 26: Risk management procedures**
The registered provider had ensured that the risk management policy includes hazard identification and assessment of risks throughout the centre. There were arrangements in place for the identification, recording and investigation of and learning from serious incidents. There were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of an infection were protected by adopting procedures consistent with standards for the prevention and control of healthcare associated infections. The cleaning task sheets did not detail all of the cleaning tasks performed by staff and the task sheets were not completed in a consistent manner by staff. This was not in line with the centre's own policy on infection control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. Residents had participated in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was carried out prior to their admission and subsequently thereafter. A personal plan was created for each resident and this was reviewed annually.

Judgment: Compliant
The registered provider had provided appropriate healthcare for each resident, having regard to that resident's personal plan. Access to allied healthcare professionals was supported.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured that staff had knowledge and skills, appropriate to their role, to respond to behaviour that was challenging. Staff had received training in the management of behaviour considered challenging. The registered provider had ensured that where restrictive procedures were used, such procedures were applied in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The registered provider protected residents from abuse. The person in charge ensured that staff were training relevant government guidance for the protection and welfare of children.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected the age, gender, disability and family status 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 - 2015 as amended and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Ard Na Gaoithe OSV-0005335

Inspection ID: MON-0030750

Date of inspection: 20/10/2020

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</td>
<td></td>
</tr>
<tr>
<td>This is the responsibility of the person in charge an oversight was evident on the day of inspection. All notifications to HIQA will be completed fully and on time, effective immediately.</td>
<td></td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</td>
<td></td>
</tr>
<tr>
<td>Cleaning rosters and Covid-19 precaution checklists to be reviewed and updated to ensure the highest possible standard. Consistency in staff compliance to be monitored weekly by the management team.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/12/2020</td>
</tr>
<tr>
<td>Regulation 31(1)(g)</td>
<td>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 allegation of misconduct by the</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>04/12/2020</td>
</tr>
<tr>
<td>Regulation 31(3)(a)</td>
<td>The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/01/2021</td>
</tr>
</tbody>
</table>