



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

Issued by the Chief Inspector

Name of designated centre:	Lios Mor
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0004745
Fieldwork ID:	MON-0030188

About the designated centre

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

This service is based in a purpose built premises located in a rural but populated area approximately ten minute drive from two busy towns; transport is provided. The centre can accommodate a maximum of ten residents and is designed and laid out to promote accessibility and the needs of residents with higher physical support needs. The provider aims to provide each resident with a safe, homely environment where they are to be provided with quality care and enjoy quality of life as appropriate to their individual needs and requirements. The centre is open and staffed on a full-time basis. The staff team is comprised of nursing and care assistant staff led by the person in charge and a clinical nurse manager 1(CNM1).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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:

Date	Times of Inspection	Inspector	Role
Wednesday 16 September 2020	10:30hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with nine of the residents who lived in the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff room during the inspection. However, the inspector did meet the residents in the communal areas of the designated centre with the person in charge. In addition, one resident spoke with the inspector out in the garden in the afternoon.

On arrival one resident who was sitting in the office with the person in charge spoke with the inspector. This resident waved at the inspector instead of a handshake, other residents were supported by staff to greet the inspector by waving or using elbow taps as they met in the communal areas. A number of residents had enjoyed having nail varnish applied just prior to the inspector's arrival and enjoyed showing the inspector the colour they had chosen. Another resident was observed to enjoy a hand massage later in the day. One resident spoke with the inspector while they were using their adapted exercise machine and was proud of the distance they had completed at the time of talking with the inspector. While residents had been supported to continue their day service activities during the lockdown restrictions with familiar staff in the centre, they also had access to two vehicles which assisted them to leave the designated centre in line with public health guidelines. Staff informed the inspector that some of the residents had been supported to go out in the morning and afternoon of the inspection for a spin in the local community.

One resident had requested to wear personal protective equipment (PPE) and were observed to be wearing a gown and had a pair of goggles available for them to use if they wished. This resident spoke with the inspector in the garden and outlined the reason they chose to wear the PPE. They told the inspector that they had gone out to get new glasses earlier in the day and spoke of how they liked being out in the local town. In addition, they also outlined that while they were happy with the staff support they had, they wished to move out of the designated centre as there were too many people living in the house and they would like to have their own apartment type dwelling.

The residents had access to all areas of the bungalow which included open communal areas with wheelchair access to the garden areas outside from multiple points. While the inspector did not walk around the whole centre during the inspection, the inspector did speak with one resident in their bedroom which was decorated with many personal items. The centre was brightly decorated and had a welcoming atmosphere to visitors.

The inspector observed a number of interactions between residents and staff members which were positive and respectful in nature. Staff spoken too were familiar with individual preferences and the routines of residents.

Capacity and capability

This inspection was undertaken to provide assurance that fire safety works and other actions identified during the last inspection in October 2018 had been completed prior to the renewal of the registration of the designated centre. The inspector found that the registered provider had addressed all the actions from the last inspection.

Residents living in the designated centre were supported by staff nurses and care staff. The staff skill mix had been addressed by the provider in March 2020, following a review by the inspector of the planned and actual rota this had remained consistent since March 2020 and were in line with the statement of purpose. Nursing support was provided on all shifts, with evidence of a consistent staff team and regular relief staff when required. In addition, the person in charge had ensured the crossover of staff was kept to a minimum to ensure familiar staff were available at all times in the event of COVID-19 cases being suspected or diagnosed in the designated centre. Also, in the event of a resident being managed as a suspected case of COVID-19 in the designated centre the person in charge outlined how residents were supported with a cohort of staff as required.

Staff members in the designated centre had participated training including fire safety, managing behaviour that is challenging, manual handling and the management of epilepsy. While staff had participated in safeguarding of vulnerable adults some required refresher training. This issue will be outlined in the quality and safety section of this report. It was noted that some mandatory training had been cancelled due to COVID-19, however, the person in charge had ensured that staff members had access to appropriate online trainings until face to face training could recommence, such as infection control, hand hygiene and the appropriate use of PPE. At the time of this inspection staff were completing refresher online training for infection prevention and control. The inspector was also shown evidence of the scheduled training for staff in the coming months and the staff identified to attend these training courses.

An annual review and unannounced six monthly inspections had been completed by the registered provider to ensure oversight of the designated centre. It was evident that the registered provider had management systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. The registered provider had ensured the appointment of a person in charge who held the necessary skills and qualifications to carry out the role. At the time of the inspection, the person in charge had remit over this designated centre only. Throughout discussions with the person in charge, it was evident that they had a good knowledge of the support needs of residents living in

the designated centre. Clear lines of authority and accountability were evident in the designated centre.

The inspector reviewed the incident log for the designated centre and noted that there were a number of incidents that required to be notified to the Chief Inspector which had not been submitted. Incidents included events where residents were reported to be afraid of a peer or had been the subject of physical contact by a peer. This was discussed with the person in charge who outlined that where residents were not the intended targets incidents had not been reported. While residents were being supported by staff and the number of incidents overall had decreased in the designated centre, the inspector found that incidents were not been reported in line with regulatory requirements. As discussed during the feedback a review of the incident log was required with retrospective notifications to be submitted for review by the inspector.

There was one open complaint at the time of this inspection. The inspector reviewed documentation of the provider's ongoing involvement in seeking a resolution to this complaint. The provider had met with other agencies to seek an agreeable resolution to this issue, the matter had also been escalated to the provider's Admissions, Management and Transfer committee. The resident who made the complaint spoke with the inspector. They were aware of the provider's actions to date in seeking an alternative location while they understood the level of support they required, they still wished to move. The provider had also ensured an independent advocate was appointed to support the resident. On the day of this inspection this advocate came to the designated centre to meet the resident. This meeting had been arranged prior to the announcement of the inspection. All other complaints reviewed by the inspector had been resolved to the satisfaction of the complainant and closed.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents in 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 a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had systems in place to ensure that the centre was adequately resourced, the quality and safety of care delivered to residents was regularly monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all notifications had been submitted to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded and investigated.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents living in the designated centre. While the provider had ensured actions from the previous inspection had been completed, some further improvements were required to ensure that residents received a good quality service.

The inspector observed staff supporting residents as per their wishes during the inspection. The atmosphere in the house was relaxed and residents were supported to access the garden area as they chose to or to go out for a drive with staff support.

At the time of the inspection one resident was being supported by staff in an isolation unit in another designated centre as they had presented with symptoms and were unable to self-isolate in the designated centre. The resident was due to return to the designated centre as the test results did not detect the virus COVID-19. To date there have been no confirmed cases of COVID-19 in this designated centre and staff have supported residents to remain safe when residents presented with symptoms. One resident has had multiple admissions to an acute hospital in recent months for ongoing management of medical conditions. Following discharge the resident was supported in the isolation unit in line with public health guidelines.

The provider had issued guidance for staff on the prevention and management of COVID-19, this guidance was regularly updated as required. The person in charge ensured staff were aware of any changes to the most recent guidance. The registered provider had implemented a range of measures in response to COVID-19, to ensure that residents were safe and protected against potential sources of infection. Staff members wore face masks at all times. Visiting restrictions had been put in place in line with public health guidelines. Residents were supported with easy-to-read information, which included hand hygiene, respiratory etiquette,

consenting to testing for COVID-19 and what the procedure for testing would involve. The registered provider had ensured that guidance specific to the designated centre had been implemented to provide direction to staff members. While staff were observed during the inspection to adhere to good hand hygiene practices and self-monitoring of temperatures as per public health guidance, there were some gaps in time lines noted on the cleaning schedules reviewed by the inspector. It was noted by the inspector no cleaning had been recorded to have taken place on the 3rd, 4th or 10th of September 2020. The cleaning schedule template had a list of items at the top of the document such as frequent touch points; door handles, light switches, kettle handles and stove tops. However, it was not clear if all of the listed items were cleaned every time as the date and signature was all that was required on the document.

The person in charge informed the inspector that all residents in the designated centre had been subject to a comprehensive assessment of their health, personal and social care needs. These have been subject to regular review. The person in charge outlined how all residents personal goals had been achieved in 2019 and some goals for this year were also being achieved despite the pandemic restrictions, such as one resident being supported to go to the local shop. Input from the multidisciplinary team continued during the pandemic restrictions remotely via video and phone calls. In addition, the occupational therapist and physiotherapist continued to visit the designated centre regularly while adhering to public health guidelines to provide ongoing support to residents in the designated centre. Also, some residents had additional staffing supports provided since the last inspection to attend day service more frequently as per their expressed wishes. During the restrictions these services were provided in the designated centre.

Residents' healthcare needs were responded to as required. As previously stated one resident had required admission to an acute hospital twice in recent months. There was documented evidence of staff advocating for the resident to attend consultant services. The person in charge also had an effective system in place to ensure residents attended scheduled appointments.

The staff spoken to during the inspection outlined how residents had coped very well during the lockdown period. The person in charge had ensured staff had the appropriate skills and guidance to respond to behaviours that challenge. The inspector looked at one behaviour support plan which had been reviewed in February 2020. The details provided staff with clear guidance on how to support the resident and what situations may trigger an incident occurring. Staff reported that changes that have been implemented, including the use of a ceiling hoist when transferring the resident had a positive impact.

Residents were supported to communicate using their preferred method of communication. While all residents could verbalise their wishes, the inspector observed staff supporting one resident to use sign language to enhance their communication with the inspector. The person in charge informed the inspector a tablet device had been purchased for the residents. Some residents used this to make video calls to their relatives and friends during the lockdown restrictions. The inspector spoke with one resident who is a member of the advocacy committee

before they joined an advocacy video call in the afternoon with their peers using the tablet device. Also, residents were supported to give informed consent. Easy-to-read information regarding COVID-19 had been made available to residents. Of the documentation reviewed the inspector noted one resident had chosen not to have the test done when offered by the provider during a blanket screening of all the residents and staff in the designated centre.

Visits to the designated centre were managed in-line with public health guidelines and the provider had clear guidelines in place to ensure the ongoing safety of residents. One resident had recommenced overnight visits to a relative's home in August, which they enjoyed very much.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had updated the risk policy to include risks associated with COVID-19. The risk register for the designated centre had evidence of regular review and had been updated to include the risk from COVID-19. However, the individual risk assessment for one resident who had a history of falls, required further review. The resident sometimes chose to walk with their rollator while wearing only socks. This was seen by the inspector during the inspection. However, the risk associated with this activity was not included in the risk assessment for the resident.

The registered provider had completed an action from the last inspection in recent weeks; the installation of fire doors to create secure compartmentalised sections in the designated centre. Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers; with such equipment being serviced at regular intervals. Fire exits were observed to be unobstructed on the day of the inspection, while fire evacuation procedures were also on display. Residents had personal evacuation egress plans, PEEPs, in place which outlined the supports to be provided to assist residents to evacuate the centre during fire drills. While there was documented evidence of regular fire drills being carried out with all residents participating; actions or learning outcomes were not documented. The person in charge outlined that discussion usually took place after each fire drill. The location of the fire assembly point was not documented in the fire evacuation plan. In addition, not all fire safety checks were documented as completed as per the provider's guidelines, these included daily and weekly fire safety checks. Of the documentation reviewed no daily checks were documented for the 28th, 29th and 30th of August. No weekly checks were documented from the 2nd of August to the 30th of August 2020.

While the inspector was informed safeguarding plans were in place for two residents, the increased staffing support and ongoing impact of positive behaviour support plans were working well in the designated centre. However, the inspector noted that the safeguarding of all residents was not ensured at all times following a discussion with the person in charge and a review of incidents reported by staff as previously mentioned in this report. Staff reported such incidents, as per the provider's protocol, in the local issues log that residents had been observed to have been adversely affected by the actions of other peers on occasions. While staff

supported the residents at the time incidents occurred, events were not viewed as a possible safeguarding issue or reported to the designated officer.

Overall, the residents were supported by a committed staff team who ensured the assessed needs of the residents were being met.

Regulation 10: Communication

The registered provider had ensured that each resident had access to appropriate media, such as television, radio and internet.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to maintain regular contact with family members during the pandemic restrictions in line with public health guidelines.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge ensured residents were supported to access opportunities and activities in accordance with their interests and assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which included the management of COVID19. However, the individual risk assessments required further review to ensure all risks and controls in place are identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured policies reflected current public health guidelines, however, staff practices did not always adhere to the protocols as outlined in the provider's policies.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place in the designated centre and both residents and staff were involved in regular fire evacuation drills. However, no actions or learning for staff following fire evacuation drills were documented and staff practices did not always adhere to the protocols outlined in the provider's policies.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and promote positive behaviour among residents. Staff members spoken too had good awareness of these plans and all staff had been provided with relevant training in de-escalation and intervention.

Judgment: Compliant

Regulation 8: Protection

While the registered provider had ensured most staff had been provided with safeguarding training and was reviewing future refresher training for staff, not all incidents had been investigated and appropriate action taken.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had an active role in decision making and the provider ensured that residents were made aware of their personal rights, information was available on how to make a complaint and access advocacy services.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lios Mor OSV-0004745

Inspection ID: MON-0030188

Date of inspection: 16/09/2020

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. **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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • MDT held 01/10/20 to review how notifications are submitted to HIQA in order to clarify the position with the team. • A review of incident log completed by 30/09/20 • Retrospective notifications on 2 incidents detailed in this report were submitted to HIQA on 18/09/20 • All notifications will be notified to the regulator in line with the regulation. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The slips, trips and fall risk in place for one individual was reviewed and updated on 21/09/2020 to include her personal choice to wear socks while she is mobilizing in the designated centre. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • PIC has discussed with staff the importance of completing and signing cleaning schedules as part of ongoing staff engagement. • PIC will monitor the logs for cleaning schedule to ensure compliance and will following up with staff as appropriate. • Monitoring of cleaning logs is included in the monthly "walk around check" being introduced with the designated centre as part of the system of infection control. • PIC will add this as standing agenda item to staff meetings going forward. The next staff meeting will take place on 22/10/20. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The fire drill records will include any actions or outcomes from fire drill which will be discussed and documented immediately with staff, and discussed at staff meetings. • Evacuation procedure has been reviewed to include the location of assembly point. • Daily and weekly checks will be completed, signed and discussed with staff at staff meeting on 22/10/20. • PIC will monitor the logs for fire safety to ensure compliance and will follow up with staff as appropriate. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Retrospective notifications on 2 incidents detailed in this report were submitted to HIQA on 18/09/20 • MDT held 01/10/20 to review how notifications are submitted to HIQA and review AIRS and plan staff training on report writing • On review by the MDT of local issues log and accident and incidents reports (AIRS) no further outstanding issues were identified. • Going forward PIC will contact Designated Officer if there are any safe guarding concerns for residents as a result of an incident in the designated centre. • Safeguarding is standing agenda item for staff meeting. This will be discussed with staff at next staff meeting on 22/10/20. • Training on report writing with staff will be under taken by the Designated Officer in staff meeting on 30/11/20. • PIC Quarterly review of AIRs, to recognize any trends or increase or decrease of behaviours, will be continued. 	

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(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	21/09/2020
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 associated infections	Substantially Compliant	Yellow	22/10/2020

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	22/10/2020
Regulation 31(1)(f)	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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/10/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/11/2020