



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

## Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services Meadow View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	05 January 2023
Centre ID:	OSV-0003604
Fieldwork ID:	MON-0029688

## About the designated centre

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

Ballytobin services is located in a rural setting in Co. Kilkenny. It consists of three houses, offering residential care for up to 6 persons. The service operates 24 hours a day, each day of the year. The service is designed to meet a range of needs, including social needs, high medical needs and behavioural challenges. Regular support is available from a multi-disciplinary team. A range of activities are available on site. The grounds has a sensory garden, a poultry run and a polytunnel. There are well maintained walkways, suitable for cycling and walking. Staff qualifications and skill mix varies in each home, depending on the needs of individual residents living in each house. The cohort of staff include care assistants, social care workers, social care leaders and staff nurses. A clinical nurse manager 3 (CNM3), oversees the overall management of the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 January 2023	10:00hrs to 18:00hrs	Tanya Brady	Lead
Thursday 5 January 2023	10:00hrs to 18:00hrs	Miranda Tully	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform a decision in relation to the renewal of the centre's registration. Two inspectors completed this inspection over one day. The inspectors had the opportunity to meet with five residents that lived in the centre and with residents' family and/or representatives. In advance of the inspection, unsolicited information had been submitted to HIQA relating to the care of residents in this centre and this formed part of the inspectors review on the day of inspection. Inspectors spoke with residents and their families, observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed thorough documentation review in relation to the care and support provided to residents.

Overall, it was found that for the most part the care and support provided was person-centred and in line with the residents' specific needs in this centre. Some improvements were required across a number of regulations to ensure quality of care could be maintained and improved on.

The inspection took place during the COVID-19 pandemic. As such, the inspectors followed public health guidelines. The inspectors ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented as required.

The centre is located in a rural setting on a large site which contains another designated centre also operated by the provider in addition to administration buildings. This centre consists of three houses. One of the premises is on the main site close to the administrative offices while the other two are adjacent to each other and approximately one kilometre from the main site. Each house has a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for all residents. One house is sub-divided into three self contained apartments and while residents can access the grounds surrounding the house there is not a dedicated garden area. The other two houses had access to large garden areas and external recreational spaces. In general, the houses appeared warm and homely however, one premises had some areas of damage and some furnishings had been removed in response to behaviour.

One inspector visited the house which was sub-divided into three contained apartments. On the way to the residence the inspector met one resident out walking. The resident did not indicate a wish to engage with the inspector, therefore the inspector limited their engagement to prevent distress to the resident. The inspector later observed the resident engaging with staff and playing football in the outside area surrounding the apartments and also participating in an additional walk later in the day. The inspector met a second resident who had returned from day service, they were relaxing in their bedroom at the time. The inspector met with a third resident who had returned from swimming with their support staff which they

reported to have a keen interest in and enjoy.

One inspector visited the two homes that were located next to each other and met with a resident in each of the houses. One resident communicated using non-verbal measures, that they were content for the inspector to visit their home but not for them to spend too long and this was respected. The resident held items they enjoyed exploring and moved freely through their home placing the items on different surfaces listening to the sound they made. The staff supported the resident by ensuring there were multiple items available through the resident's home. As the resident particularly enjoyed being outside, the provider had created a private and safe external space connected to their home that was freely available.

In another home where two residents lived, they shared a large open plan kitchen-dining room and each had their own sitting room. One resident is transitioning to live in this house and currently resides part time, the other resident lives in the house full time. The inspector met with a resident who had returned home from a day in day services. They sat with a staff member to have a cup of tea and to talk about their day. The resident chatted with the inspector and outlined their favourite meals and their favourite activities. They liked their home and reported that they were happy living there.

The staff who spoke to the inspectors were knowledgeable regarding residents' needs. Staff spoke about residents' individual needs and preferences and how they as staff respond. Staff described the social interactions which the residents engaged in, examples included shopping for items for their home, walks in the local area, visits with family and they also spoke regarding commencement of social farming for one resident.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Five residents with staff support used these documents to provide information on the care and support being provided within the centre. For the most part, residents expressed they were happy and satisfied with the service being provided. Residents expressed satisfaction with areas such as meal times, activities and their bedrooms however some residents expressed that they dislike noise in the centre at times and that they would like to make a sensory garden. Additionally as an outcome of the inspection having been announced families or resident representatives were aware that the inspection was being completed and inspectors met with family who attended the centre on the day.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents for the most part received a good quality of care and support. However, there were areas for improvement which included, governance and management, complaints procedures, staff supervision and training, staffing, individualised assessment and personal planning, premises and some aspects of infection prevention and control practices.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place

impacted on the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management system in place which ensured the service provided a good quality of safe care. However, some areas for improvement were required in staffing arrangements, training and development and governance and management.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to the service leader. To help support the person in charge in their role, a team leader had been appointed. Both the team leader and the person in charge facilitated the inspection and they both demonstrated knowledge about residents' preferences and assessed needs. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and 2022 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the effective monitoring of complaints.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place. However, some improvement was required as the centre was operating with vacancies and there was a reliance on regular relief and agency staff to meet the staffing complement. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There was systems in place for the training and development of the staff team. However, some improvement was required to ensure all staff had up to date training and skills to support the residents and received supervision in line with the provider's policy.

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

The provider submitted an application form to renew the registration of the centre. For the most part all the required documentation was submitted. Some minor amendments were required to a small number of documents this was discussed during the inspection process and the provider committed to sending in the required

documentation as soon as possible.

Judgment: Compliant

### Regulation 15: Staffing

The provider and person in charge were operating with a number of staffing deficits and over the course of the inspection the inspectors requested confirmation regarding the exact number of whole time equivalent vacancies within the centre. This was not provided, however, it was apparent from a review of the rosters that there was a reliance on regular relief staff and agency staffing to ensure that residents were supported in line with their assessed needs. Where resident's had changing needs the inspectors found that following assessment of these they had been supported by an increased number of staff.

While the provider and person in charge were endeavouring to ensure a consistent staff team was in place this was not always possible due to the vacancies in the centre. While some residents due to their assessed needs were prioritised for consistent support this resulted in reduced consistency of staff support for other residents.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had systems in place to ensure that staff were in receipt of mandatory training however, the inspectors found that some staff required refresher training in areas such as medicines management and fire safety. The person in charge had systems in place for monitoring training requirements and the refresher training had been scheduled for staff. Inspectors reviewed recommendations from specialist medical personnel where specific training was identified as required for example, autism spectrum disorder training. The inspectors found that this had been scheduled for all staff at the end of January 2023.

Formal supervision systems were in place for all staff in this designated and a schedule for completion of these was maintained by the person in charge. While supervision was completed for all staff it had not been completed as required by the provider's policy.

Judgment: Substantially compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. A team leader was also in place.

Audits and reviews as required by the regulations were taking place and identifying areas of improvements. However, some improvement was required in the effective monitoring of complaints as discussed under regulation 34. Action plans were in place and there was evidence to indicate that action plans were being implemented as stated.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a log maintained of complaints received in the centre however, from the sample of complaints reviewed, complaints had not been recorded and followed up on in line with the organisations' policy. One complaint had been recorded as closed, however on further enquiry the provider indicated this had been recorded as a complaint in error. In addition, evidence of response to complaints was not available

to review, nor was there consistent evidence of investigation as indicated by the organisations' policy. It was also not apparent whether complaints had been resolved to the satisfaction of the complainant.

Judgment: Not compliant

## Quality and safety

Overall, the inspectors found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspectors reviewed a number of areas to determine the quality and safety of care provided, including visiting all premises, review of risk management, safeguarding, infection control systems and details regarding visits. The provider was for the most part identifying and responding to areas that required improvement. Some improvement was required in areas such as premises, visits, individual assessment and personal plans and infection prevention and control.

The inspectors reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. Improvements to documentation of progress against goals were identified.

Overall, the designated centre was decorated in a homely manner and well maintained however improvements were required in the upkeep of some areas and also repairs where there was property damage.

The systems in place for the prevention and management of risks associated with infection required improvement. For example, in one of the houses the laundry room worktop surfaces were worn and tiles were chipped which prevented adequate cleaning. In addition, while cleaning schedules were in place, the inspectors observed gaps in the schedules and aspects of the centre not identified on the schedules.

There were systems in place to ensure residents were protected from abuse. This included staff training and care plans for personal and intimate care.

Relevant risks were discussed with the inspector on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

## Regulation 11: Visits

The provider had reviewed and updated their policy relating to visiting in the designated centre in May 2022 which reflected the guidance available from a public health perspective at that time.

For a number of residents in the centre, limited time restrictions had been placed on them in receiving visitors with some residents allowed a 30 minute maximum visit, these had been implemented based on the guidance of a health and social care professional. However, inspectors found that these restrictions remained in place and were outlined in residents' written protocols despite changes having been documented in the health and social care professional updated assessment. This resulted in restrictions remaining for residents where they were not indicated and rigid guidance for staff still in place.

Judgment: Not compliant

### Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre.

As mentioned previously, in one house there was however, evidence of property damage with damage observed to a door and a window. The provider confirmed plans for repair during the inspection. There was evidence of accommodations to the environment following previous incidents such as changing of light fittings. The provider was assessing the overall suitability of the centre to ensure the design and layout of the centre is suitable to meet the assessed needs of residents.

Further property issues in the centre identified included, damage to plaster on walls, worn surface areas in the laundry area and chipped tiles. This is discussed further under Regulation 27: protection against infection.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The required information as set out by the regulations was present in the guide for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required. The individual risk assessments were also up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. Overall, the interior of the premises were observed to be visibly clean. The staff team were observed wearing PPE as appropriate. However, some areas required review as they posed a barrier to effective infection prevention and control, cleaning schedules in place did not appropriately guide the staff team on areas of the centre to clean and worn counter tops and broken tiles in a laundry area of one house. In some of the premises the cleaning schedules did not detail rooms that were not in daily use and while the core staff were aware of the need to monitor these and clean this action was reliant on staff knowledge.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence.

While there was some evidence of development of goals for residents, progress against such goals required improvement. For example One goal for a resident to visit a park had not been completed and was last reviewed in June 2022 with no

rationale clear as to why it was not achieved. A new date of November 2023 was recorded for completion but again no steps outlined to guide staff in the planning.

Judgment: Substantially compliant

### Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place to guide staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed. In addition a behaviour support therapist was available to the centre and this was observed on the day of inspection. Where residents' needs were changing there was evidence of newly developed plans which were in their infancy on the day of inspection, the provider had scheduled staff training and had allocated additional staff to support residents during these periods of change.

There were a number of restrictive practices in use in the designated centre. Documentation reviewed indicated that identified restrictive practices were reviewed at regular intervals to ensure the least restrictive procedure, for the shortest duration necessary was used. Improvement was required to recognise all restrictions for example, visiting and this is reflected in the finding under Regulation 11.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their

responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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

# Compliance Plan for Ballytobin Services Meadow View OSV-0003604

Inspection ID: MON-0029688

Date of inspection: 05/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The provider will continue to progress with the recruitment process in relation to current vacancies.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <p>Ongoing training and development planning will continue within a timely manner.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The Person in Charge will ensure that all complaints and documentation relating to complaints will be monitored closely and formal correspondence will be evidenced from BOCSI complaints Officer with regards to their status.</li> </ul>	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• All complaints and documentation relating to complaints will be monitored closely and formal correspondence will be evidenced from BOCSI complaints Officer with regards to their status.</li> </ul>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> <li>• The PIC will endeavor to ensure that all recommendations by alternative professionals will be analyzed in greater detail and incorporated into relevant support and planning documentation for residents in a timely manner. Where necessary, a referral will be forwarded to the Human Rights Committee and risk assessed.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The Person in Charge will continue to review and implement the necessary measures to ensure damage to premises will be repaired where possible in a timely manner. Works have been identified and are in the process of being completed in relation to Infection prevention control i.e. laundry room.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

- The Person in Charge has identified works requiring attention which are in the process of being completed in relation to Infection prevention control i.e. laundry room.
- The Cleaning schedule has been reviewed and updated to include all areas of the centre and to provide further guidance for staff.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The Person in Charge will ensure that all individual's personal plans and assessments will be reviewed within a timely manner in line with the proposed goals.

## 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 11(1)	The registered provider shall facilitate each resident to receive visitors in accordance with the resident's wishes.	Not Compliant	Orange	30/01/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2023

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2023
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	Substantially Compliant	Yellow	31/03/2023

	control of healthcare associated infections published by the Authority.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	31/01/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	31/03/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	31/03/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Substantially Compliant	Yellow	31/01/2023

	which review shall assess the effectiveness of the plan.			
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