



Office of the Chief Inspector

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

Name of designated centre:	Nagle Adult Residential Service
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 and 21 February 2019
Centre ID:	OSV-0004475
Fieldwork ID:	MON-0022571

About the designated centre

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

Nagle Adult Residential Service consists of four residential units, located in the outskirts of urban areas in Co. Tipperary. Of the four units, one is a three-storey semi detached house, two are detached two-storey houses and one is a detached bungalow with an adjacent single apartment. The centre provides residential care for a maximum of 17 residents, of both genders, over the age of 18, with moderate intellectual disability and additional support needs. All units of the centre are open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities throughout the centre include kitchens, sitting rooms, bathroom facilities and garden areas. Staff support is provided by social care workers, care assistants and a nurse.

The following information outlines some additional data on this centre.

Current registration end date:	18/07/2019
Number of residents on the date of inspection:	15

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
20 February 2019	08:40hrs to 18:15hrs	Conor Dennehy	Lead
21 February 2019	08:35hrs to 17:45hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met fifteen of the sixteen residents who were living in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, eleven residents spoke to the inspector while all fifteen residents present were observed in their environments and in their interactions with staff.

The residents who spoke to the inspector indicated that they liked living in the centre and felt safe there. Residents spoke positively of the support they received from staff members and talked about activities which they enjoyed. All residents appeared comfortable with staff members present and were observed engaging with them in a positive manner throughout the inspection.

All sixteen residents who lived in the centre also completed questionnaires, with the assistance of staff members, describing their views of the centre they lived in. These questionnaires all contained positive views regarding the centre and indicated a high level of satisfaction with many aspects of life in the centre such as activities, bedrooms, meals and the staff who supported them.

Capacity and capability

Throughout this inspection the inspector observed and saw evidence that residents were appropriately supported within the designated centre. This was reflected by a good compliance level across most of the regulations inspected against. It was noted though that, while overall good arrangements were made for the management and oversight of the centre, some improvement was required in relation to training provided for some staff.

The designated centre was comprised of four units spread out over a geographical area. To ensure oversight of the centre, the provider had been carrying out their own unannounced visits for each unit of the centre every six months with a corresponding action plan put in place where necessary to respond to any issues identified. Unannounced visits by the provider are required by the regulations and are important in order review the quality and safety of care and support that is provided to residents. Evidence was seen on inspection that issues highlighted by such visits had been acted upon and addressed.

In addition to unannounced visit reports, the provider had also ensured that an annual review of the designated centre, another requirement of the regulations, had also been carried out. The inspector reviewed a copy of this annual review and

noted that it contained consultation with residents and their representatives. To supplement such regulatory requirements, it was also seen that the provider had carried out their own regular audits for all units of the centre in areas such as medicines and health and safety. This provided assurance that adequate oversight arrangements were in place for the designated centre overall

To provide for satisfactory day-to-day management of the centre, the provider had ensured that a suitable person in charge had been put in place who was responsible for this designated centre only. The inspector was satisfied that the person in charge was actively involved in the running of the four units which made up this centre and was fully aware of the needs of all residents. Given the geographical spread of the four units of the centre, the provider had put in place structures to support the person in charge in their role which included supports from the wider organisational structure in place.

The organisational structure that was in place was reflected in the designated centre's statement of purpose. This is a key governance document which describes the service to be provided and had been subject to recent review. The inspector was satisfied that the statement of purpose reflected the day-to-day operation of the centre and contained all of the information required by the regulations such as the facilities provided in the centre and details of the staffing compliment in place to support residents.

Staff members spoken to during the inspection demonstrated a strong knowledge of how to support residents. The inspector observed staff members present during this inspection engaging with residents in a positive, respectful and warm manner while providing appropriate support if required. A review of rosters also indicated that residents were provided with a continuity of staff which is important to ensure that relationships are not disrupted and a continuity of care is promoted. Such findings provided assurance to the inspector that residents were provided with a quality service.

A sample of staff files were reviewed during the course of this inspection. These were found to contain all of the required information such as written references, proof of identity and evidence Garda of vetting. Further records reviewed also indicated that all staff had been provided with a range of training. It was noted though that some staff required refresher training in areas such as first aid and de-escalation and intervention while it was seen that one staff member had not undergone medicines training. From reviewing rosters it was noted that this staff member had worked on their own in one unit of the centre on two occasions. As such this posed a potential delay in the event that a resident required a PRN (as required) medicine.

It was seen though that arrangements were in place for staff to receive supervision while staff team meetings took place at monthly intervals in each unit of the centre. Such meetings were attended by the person in charge. Arrangements were in place for any volunteers involved in the centre to be supervised also with evidence of Garda vetting obtained for such volunteers.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for this designated centre only. The person in charge was aware of their responsibilities under the regulations while demonstrating a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, suitable staff arrangements were in place to support residents including nursing staff. A sample of staff files were reviewed which contained all of the required documents such as two written references and evidence of Garda vetting. Planned and actual staff rosters were maintained in the centre which indicated a consistency of staffing.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information such as residents' date of admission to the centre and residents' next of kin details.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts for the provision of services were reviewed which were found to contain all of the required information including the fees to be charged. There

had been no admissions to the centre since the previous HIQA inspection in March 2017 but the provider had policies and procedures in place in this area.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which described the services to be provided and contained all of the required information.

Judgment: Compliant

Regulation 30: Volunteers

There were arrangements for volunteers involved in the centre to be supervised while evidence of Garda vetting was also in place where required. The role and responsibilities of a volunteer were also set out in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display throughout the designated centre and presented in an easy-read format. Residents were also supported to raise complaints during regular resident meetings. A log of any complaints in the designated centre was maintained which included details of such complaints and any actions taken to respond to them.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Training was provided to staff in a range of areas but some staff were overdue refresher training in areas such as first aid and de-escalation and intervention while a staff member had worked on their own in one unit of the centre without having undergone medicines training.

Judgment: Substantially compliant

Regulation 23: Governance and management

A clear governance structure was in place within the designated centre and the wider organisation. This provided for clear lines of accountability and reporting. The provider had been carrying out annual reviews and unannounced visits as required by the regulations in addition to regular audits in areas such as medicines and health and safety. Any issues identified by such management systems were seen to have been acted upon;.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were appropriately supported within a homely environment. Evidence was seen that the provider was making active efforts to ensure that the needs of all residents were met in the centre. Some improvement was required in relation to fire safety, medicines and ensuring that some key healthcare assessments were carried out in a timely manner.

All four units of the designated centre were visited by the inspector which varied in their size, design and layout. It was seen that all four units were well decorated and maintained while being presented in a clean manner on the day of inspection. Each unit of the house was displayed in a homely manner and all residents were provided with their own bedroom. Overall, the inspector was satisfied that the premises provided were suited to meet the needs of the residents living there at the time of inspection although it was noted that one unit required review to ensure that it fully provided for some residents with mobility issues.

The needs of each resident were set out in individual personal plans which are important in identifying the health, personal and social needs of residents while outlining the supports that are to be provided. It was noted, in a sample of personal plans reviewed, that these plans were informed by relevant assessments, had been developed with the input of residents and had multidisciplinary input. Such plans were subject to regular review but it was noted that some of the documentation of such reviews required improvement to fully reflect how residents were being supported.

As required, the healthcare needs of residents were set out in their personal plans. To ensure that residents were supported to enjoy the best possible health, residents had annual health checkups carried out and were supported to access a range of

allied health professionals. However, a key health assessment for some residents was overdue at the time of the inspection. This was highlighted to the person in charge who took immediate steps in response. While other residents had undergone similar assessments in a timely manner, it was noted that this particular assessment had been overdue since early 2018 for five residents across three units of the centre but had not been identified as being overdue prior to this inspection.

When supporting residents' healthcare needs it was also seen that the designated centre had practices in place to provide for the safe administration of medicines. Appropriate facilities were available for the storage of medicines while the majority of staff had been provided with relevant training. Key information relating to regular medicines was clearly provided for in relevant documentation which also indicated that appropriate medicines practices were being followed. It was noted though that some of the processes around PRN medicines required improvement.

While staff generally demonstrated a strong understanding of how to support residents throughout this inspection, one staff member incorrectly stated the period of time they would wait before administering a PRN rescue medicine. This was contributed to by contradictory information that was contained in a PRN protocol for the involved medicine. Such a protocol is important in setting out the circumstances when such medicine is to be administered. This was highlighted to the person in charge who undertook steps to respond to this issue. However, when reviewing other PRN protocols it was noted that they did not provide sufficient guidance as to when some PRN medicines were to be administered or stated a different maximum dose than the amount actually prescribed.

It was noted though that staff demonstrated a good knowledge of how to support residents engage in positive behaviour. Where required residents had positive behaviour support plans in place. The inspector reviewed a sample of these plans and found them to provide guidance to staff on promoting positive behaviour and had been developed with the input of relevant allied health care professionals. It was observed though that some of the plans in place required review to ensure clarity and ease of retrieval of key information.

Throughout both days of this inspection, residents were seen to be treated in a positive and respectful manner by staff members. Arrangements were in place to ensure that residents were provided with information on the running of the centre and were given an opportunity to raise any complaints during regular resident meetings in each unit of the centre. The inspector also saw evidence that choice was offered to residents in the food they ate and the activities they engaged in.

Residents were supported to partake in various activities such as concerts, shopping, swimming, bingo and overnight stays away. All residents were supported to engage in day services Monday to Friday while a vehicle was assigned to each unit of centre to facilitate activities in the evenings and weekends. Visitors were also welcomed to the designated centre. This provided assurances that residents were being supported to integrate into the wider community and maintain personal relationships.

It was seen that there were appropriate procedures in place to ensure that each resident living in the centre was protected from abuse. For example, relevant training had been provided to all staff while intimate care plans were in place to guide practice in this area. Residents were observed to be comfortable and relaxed in the presence of staff members throughout the inspection. Staff members spoken to demonstrated a good understanding of any safeguarding issues present and how to respond to such issues if required.

Efforts were also being made to provide for health and safety in the designated centre. For example, regular audits were conducted while there was evidence of good oversight of risks in the centre. Fire safety systems were in place in all units including fire alarms, emergency lighting and fire extinguishers. It was observed though that fire doors, which are important in containing the spread of fire and smoke in the event of fire, were not present throughout the designated centre. To mitigate against this the provider had ensured that fire drills were being carried out at regular intervals while the fire evacuation procedures were on display throughout the centre.

Residents also had personal evacuation plans in place outlining the supports they required in the event of an evacuation being required. Records reviewed indicated that most staff had been provided with fire safety training. However, it was noted that three staff members had not received such training and that these staff had been lone working in two units of the centre in the months leading up to this inspection. Such training is important to ensure that all staff have a suitable level of knowledge regarding various aspects of fire safety including fire control techniques.

Overall, while some areas were highlighted for improvement, the inspector was satisfied that the suitable arrangements were in place to meet the needs of residents living in this centre at the time of inspection.

Regulation 11: Visits

Residents were facilitated to receive visitors and to make visits away from the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with suitable storage space to store their personal belongings including lockable storage. Lists of residents' personal property were maintained but it was observed that some of these lists were either incomplete and did not contain a sufficient level of detail.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Facilities were available for residents to engage in occupation and recreation. Residents were supported to engage in various activities such as attending concerts, overnight stays away and shopping trips. A vehicle was available to each unit of the centre to facilitate external activities.

Judgment: Compliant

Regulation 18: Food and nutrition

Adequate provision was provided for residents to store food. Adequate quantities of food and drink were available to residents which allowed for choice. Staff members spoken to were aware of any dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place which contained all of the required information such as how to access HIQA inspection reports and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was in place which included detailed assessments relating to identified risks in the centre. A sample of these assessments were reviewed which were noted to have been recently reviewed to reflect recent developments. Regular health and safety audits were carried out while there were also systems in place for the recording and review of any adverse incidents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Some staff members who had worked on their own in some units of the centre had not received fire safety training. Records provided indicated that only two quarterly maintenance checks of the fire alarm in one unit of the centre had been carried out during 2018. Fire containment measures were not evident throughout all four units of the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had individual personal plans in place. Such plans had been informed by relevant assessments and set out the needs of residents and how to meet these needs. These plans were subject to regular review but it was noted that some of the documentation of such reviews did not fully reflect how residents were being supported. Staff present in the centre demonstrated a good understanding of residents' needs. Based on the overall findings of this inspection, arrangements were in place to meet the needs of residents at the time of this inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for residents where required. Staff present on inspection demonstrated a good understanding of the contents of these but it was noted that some plans required review to ensure clarity and ease of retrieval of key information. Staff training records indicated that most staff had been provided with training in de-escalation and intervention but three staff had yet to receive this training. Systems were in place for the assessment and review of any restrictive practice in use.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with relevant safeguarding training, while staff present on inspection demonstrated a good understanding of any safeguarding plans in place. Information relating to residents' intimate care was contained within the

residents' personal plans. Residents were observed to be comfortable in the presence of staff during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout inspection. Regular resident meetings were taking place in each unit of the centre where residents were provided with information on complaints, rights, fire safety, meals and activities.

Judgment: Compliant

Regulation 6: Health care

A key healthcare assessment had been overdue since early 2018 for five residents across three units of the centre and had not been identified as being overdue prior to this inspection.

Judgment: Not compliant

Regulation 17: Premises

All four units of the centre were presented in a clean, well maintained and homely manner on the day of inspection. While it was observed that one unit required review to ensure that it fully provided for some residents with mobility issues, overall the premises provided were suited to meet the needs of the residents living in the four units of the designated centre at the time of inspection

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The information contained in PRN protocols required review to ensure they clearly outlined under what circumstances residents were to receive such medicine. Assessments had not been carried out to determine if residents could self administer

their own medicines.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 6: Health care	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

Compliance Plan for Nagle Adult Residential Service OSV-0004475

Inspection ID: MON-0022571

Date of inspection: 20 and 21/02/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff members due refresher training were booked for same at time of inspection and these trainings will be completed by April 2019. Henceforth the Person in Charge shall ensure that staff members without training in safe administration of medication training will not work on their own until this training is complete.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Resident's Asset Registers will be updated to ensure sufficient details of all assets including items gifted to the individual.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

All staff with outstanding training in fire safety were booked for same at time of inspection and this training was completed by 27th February 2019. Henceforth the Person in Charge shall ensure staff not trained in fire safety shall not work alone until this training is completed.

Henceforth the Person in Charge shall ensure the Quarterly Fire Alarm service is completed within the requisite timeframe.

A submission was made to the HSE in 2018 requesting funding for the installation of outstanding fire containment measures in the Designated Centre. This request continues to be raised at Service Arrangement meetings with the funder. Other measures to prevent the risk of fire and to contain fire, such as a prohibition on naked flames, installation of fire doors in high risk areas, LD1 fire alarm systems, fire extinguishers, staff training, regular fire drills and fire alarm system maintenance are in place to aid in reducing this risk.

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:
Personal Plans for the individuals concerned have now been updated to reflect how they are supported. Henceforth the Person in Charge shall ensure all review documentation is kept updated to reflect how residents are being supported to meet personal goals.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person in Charge shall review Behavior Support Plans with the relevant multi-disciplinary team members to ensure clarity and ease of retrieval of key information for staff.

The Person in Charge scheduled training in de-escalation techniques for the outstanding three staff members and this is now completed.

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge made arrangements on the day of inspection for the completion of the outstanding health care assessment. The Person in Charge will ensure that henceforth all necessary health care checks will be completed within the requisite timeframes.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge made arrangements in January 2019 for a referral for assessment of the premises by Occupational Therapy to ensure it fully provided for individuals with mobility support needs. The Person in Charge will follow through on this referral and ensure that the assessment and any recommendations are completed.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will review at each individual's Circle of Support meeting their individual preference for self-administration of medication and will arrange for the completion of self-medication assessments in line with organisational policy should any individual wish to self-administer.</p> <p>The Person in Charge will review all PRN protocols in place to ensure clear direction to staff on their use.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/03/2019
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	30/04/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	30/06/2019

	adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	21/04/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting	Not Compliant	Orange	27/02/2019

	equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	19/03/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2019
Regulation 05(6)(d)	The person in charge shall ensure that the	Substantially Compliant	Yellow	19/03/2019

	personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	31/03/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/05/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and	Substantially Compliant	Yellow	31/05/2019

	intervention techniques.			
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