



Office of the Chief Inspector

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

Name of designated centre:	Suaimhneas Respite
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	15 January 2019
Centre ID:	OSV-0005760
Fieldwork ID:	MON-0024996

About the designated centre

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

Suaimhneas Respite is a designated respite centre created to support men and women with an intellectual disability that require low to medium support. The support provided varies depending on the residents' needs and requirements. They will range from basic care needs i.e. health and personal care, building and maintaining basic daily living skills to social supports such as social skills development, support in organising and accessing social activities, developing and maintaining relationships and community links. The designated centre is located in a town in County Wicklow with a maximum capacity of four residents at any one time. The centre is managed by a person in charge who has a remit for three designated centres. They are supported in their role by a deputy manager. The person in charge reports to a senior services manager. The whole-time-equivalent staffing ratio for the centre is 5.9 as set out in the provider's statement of purpose. This designated centre was registered and commenced operation September 2018 in order for the transition of the respite service from another designated centre within Sunbeam House Services.

The following information outlines some additional data on this centre.

Current registration end date:	22/08/2021
Number of residents on the date of inspection:	4

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
15 January 2019	10:00hrs to 18:00hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met with all four residents in the designated centre on the day of inspection. Some residents said they were happy with the service they received, while others expressed dissatisfaction with the service and felt it was not meeting their assessed needs. Residents said they liked the layout of this designated centre, they mentioned their previous respite service had a stairs which they did not like.

Residents with visual impairment mentioned they would like more cues and aids to help them navigate the environment better but, told the inspector staff helped them when they were mobilising which they appreciated. Residents spoke about their interests in traditional Irish music, radio programmes they liked and didn't like. Others discussed their interest in jewellery and healthy eating.

Capacity and capability

The provider's governance, leadership and management arrangements had not ensured a good quality service which in turn was impacting on the care and support arrangements for residents.

In response to the findings of this inspection, the Office of the Chief Inspector wrote formally to the registered provider representative requiring the provider to submit assurances as to how they planned to address issues of non-compliance and ineffective governance arrangements. The provider submitted a response to the Office of the Chief Inspector within one week of the inspection setting out a number of actions that had been undertaken to improve the overall quality of service provided to residents.

While the provider had systems in place for monitoring and evaluating the service provided, such as six monthly unannounced visits and health and safety audits, the provider had failed to effectively, and in a timely way, address deficits identified in these provider-led audits.

For example, provider-led audits had identified deficits related to aspects of the premises that required repair or were not in correct working order, issues relating to some residents' storage space, areas for improvement relating to fire safety systems, the centre's risk register and implementation of the provider's risk management policy and procedures.

The provider had also failed to adhere to transition date time-lines set out in the designated centre's statement of purpose resulting in a resident living in respite

service provision, on a full-time basis, for over a year. A time-line of the end of September 2018 had been identified for the transition of a resident to a full-time residential placement. The resident had previously lived in another respite service since November 2017 before transitioning to this respite service.

The September 2018 transition date was subsequently changed by the provider to end of January 2019 and a revised statement of purpose submitted to the Office of the Chief Inspector. At the time of inspection the provider informed the inspector that the date had been moved to the end of February 2019 and submitted a further revised statement of purpose to the Office of the Chief Inspector. The provider's ineffective transition processes and systems had impacted on the quality of service provision for the resident. Suaimhneas Respite service was not set out to meet the needs of residents requiring full-time residential services and therefore the provider was failing to meet the assessed needs of some residents and also failing to adhere to the matters as set out in their statement of purpose.

On the day of inspection the person in charge demonstrated knowledge of residents and had the required experience to meet the regulatory role, they were responsible for this designated centre and two other designated centres. However, the provider had failed to put appropriate governance and management arrangements in place for the support and supervision of the person in charge.

While it was evident the provider was ensuring staffing resources in the centre met the whole-time-equivalent numbers, as set out in the statement of purpose, improvement was required. It was evidenced that agency workers were regularly utilised in the designated centre to fill staffing shortfalls. This did not ensure continuity of care for residents which in turn impacted on the quality of service provision as agency workers were not as familiar with the assessed needs of residents as regular full-time workers.

The provider did not have effective systems in place to ensure all residents had received an up-to-date contract of service provision which reflected their new respite designated centre. Of the sample of contracts for residents reviewed they related to their previous respite service designated centre.

Regulation 14: Persons in charge

A full time person in charge was in place. They were also found to have appropriate management experience and were also knowledgeable of resident's needs.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the staffing numbers for the centre met the whole-time equivalent numbers as set out in the statement of purpose. However, the provider regularly utilised agency workers to fill staffing shortfalls in the centre. This required improvement to ensure consistency and continuity of care, supports and service provision for residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured a provider-led unannounced audit had taken place in November 2018. The provider was in the process of producing an annual report for 2018 which would incorporate the views and feedback of residents and families.

The provider had failed to effectively, and in a timely way, address deficits identified in their own provider-led audits.

The provider had not ensured the effective and timely transition of a resident to a permanent residential setting.

The provider was failing to meet the assessed needs of some residents and failing to adhere to the matters as set out in their statement of purpose.

The provider did not have effective systems in place to ensure ongoing maintenance logs and issues were addressed in a timely and

The provider had failed to put appropriate governance and management arrangements in place for the support and supervision of the person in charge.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents had not been issued a new contract for the provision of services since transitioning to this designated centre in September 2018.

Judgment: Not compliant

Quality and safety

Significant improvement was required regarding the provider's quality and safety systems to ensure residents' needs were appropriately met and in line with their assessed needs. Risk management systems implemented in the centre were not in line with the provider's risk management policies and procedures. Resident's needs had not been comprehensively assessed to reflect their change in circumstances and environment. A number of premises maintenance issues had not been addressed despite being identified and logged for a considerable period of time in some instances. Some fire safety improvements were also required and safeguarding concerns were also evident.

Whilst it was evident that each resident had a personal plan in place improvements were required. The person in charge had not ensured all residents' personal plans had been reviewed to reflect a change in circumstances and new environment since their admission to the centre in September 2018. This was of particular importance given the provider's utilisation of agency workers in the centre on a frequent basis, who would require up-to-date information on how to support and care for residents during their stay in the centre.

Improvements were required to ensure residents with visual impairment were supported to achieve their best possible independence in the centre. It was not demonstrated that the provider had ensured those residents had received an assessment to determine what aids, appliances and assistive technology they required to support them in the new respite service. As outlined, some residents spoken with confirmed they would welcome such supports.

The provider did not have effective systems and resources in place to address maintenance logs and issues in a timely and effective way. The inspector reviewed a maintenance log for the centre which demonstrated a number of outstanding works that had not been completed. Some maintenance requests logged were dated since July, August and September 2018. For example, the deputy manager had logged a maintenance request to remove a fixed cigarette receptacle from the front entrance of the building, identified as a personal risk for a resident. This maintenance request had been logged September 2018 but, as found on inspection, this had not been addressed. To mitigate the risk staff had placed a plastic refuse sack over it to prevent any resident accessing it.

Further maintenance issues were observed in the centre on the day of inspection, for example, a missing drawer in the kitchen, a broken extractor fan above the cooker and lack of adequate ventilation in parts of the centre, in particular the utility space which stored a washing machine and dryer. Resident's bedrooms lacked a home-from-home aesthetic, soft furnishings and decor.

Appropriate medication storage systems were in place and it was evidenced that a safe system was utilised for the receipt and stock check of respite residents medications during their stay. Medication administration documentation was clear and well maintained. As required medications (PRN) were clearly documented with maximum dosage identified on each medication administration record reviewed.

However, some improvements were required. There was a lack of system in place

for counting and stock check of some psychotropic medications PRN (as required) medications stored in the centre. It was not evidenced that a reconciliation balance was recorded after each administration of this medication. Eye drops and creams did not have an open date recorded to ensure they remained viable and were used within the manufacturer's specified time frame.

The provider had not ensured appropriate personal storage provisions were in place for some residents. Some residents did not have enough space to store their personal items and it was noted their items were stored in boxes or on the floor of their bedroom. The provider had not put appropriate systems in place to allow residents to lock their bedroom doors in order to secure their belongings. At the time of inspection residents were observed using a coin to turn the lock mechanism in order to lock their bedroom doors from outside. This arrangement was not an accessible or practical system for residents.

Fire safety systems in place were effective in some areas but required improvement in others. The provider had upgraded the fire alarm system prior to opening the centre. A fire panel was also located in the property with a repeater panel located in a staff sleep over room situated in another part of the property. It was also evidenced that fire doors were utilised in the centre. These were examples of good fire safety systems in place.

Fire drills had occurred but it was not demonstrated that all residents using the respite service had participated in a drill since moving to the centre in September 2018 and therefore, it was not evidenced that residents could safely and effectively evacuate the building. Equally, it was not evidenced that residents' personal evacuation plans had been reviewed or updated to reflect their new environment.

Staff working in the centre could not effectively use the fire alarm system as the provider had not put arrangements in place to support them to locate the source of a fire should the alarm sound. While the fire alarm had a panel that displayed a code indicating the location of the fire or smoke, staff did not understand these codes.

Fire servicing records were not available in the centre. The person in charge and deputy manager sourced this documentation before the close of inspection and it was noted that appropriate servicing of fire safety equipment and lighting had occurred.

The provider had a revised risk management policy in place however, it was not demonstrated that aspects of the provider's improved risk management systems were being implemented effectively. It was noted some personal risks for residents were not identified on the risk register for this centre with a corresponding risk assessment in place for the identified personal risk.

In other instances risk control measures for some residents were not robust enough. For example, risk control measures relating to residents potentially leaving the centre without staff knowledge at night time had not been appropriately analysed to reflect the change of environment. This was required given only sleep over staff worked in the centre at night time. Risk control measures for the management and

supervision of residents with personal risks related to harmful chemicals and substances were vague and required more specific criteria for staff to implement.

The provider had failed to create a restrictive practice register for the centre which would capture the restrictive practices utilised in the centre for residents, which in some instances were required to manage personal risks. Equally, where restrictive practices and rights restrictions were utilised for residents it was not demonstrated that they had been reviewed to take into account residents' change of environment and circumstances to ensure they remained the least restrictive and were still appropriate.

There was evidence of safeguarding policies and procedures in place and implemented for safeguarding incidents however, some improvements were required. Contact details for the centre's designated officer were not on display in the centre. The provider had not ensured residents were effectively safeguarded in the centre. Safeguarding incidents, that had occurred in the centre since its commencement of operation, were related to incompatibility of residents exacerbated by an inappropriate residential placement.

Regulation 10: Communication

The provider had not facilitated residents, with visual impairments, to have access to assistive technology, aids and/or appliances that could promote their full capabilities and orientation to their new respite environment.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents living in the centre, on a full-time basis, did not have adequate space to store and maintain their clothes, personal property and possessions.

Systems in place for residents to lock their bedroom doors, in order to maintain their personal possessions in a secure way, during their respite stay were not accessible or practical for all residents to utilise.

Judgment: Not compliant

Regulation 17: Premises

Significant improvement was required to ensure the provider had effective

governance arrangements for the timely and effective management and response to maintenance requests logged by the person in charge and deputy manager. Some maintenance requests logged in July and September 2018 had not been addressed at the time of inspection.

The centre was not maintained in a good state of repair, some examples included:

The centre was not appropriately ventilated in some areas. Air vents located in some areas of the the centre were not functioning correctly.

An extractor fan above the cooker was dirty and did not function correctly.

The utility space, which stored the washing machine and dryer, was not appropriately ventilated resulting in a build up of heat and lint within the room.

A kitchen drawer was missing.

The assigned staff work space was not functional due to it's size resulting in staff utilising the communal dining table in order to complete necessary administration work which encroached on residents' living space.

Resident's bedrooms were sparsely decorated and lacked a home-from-home aesthetic.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

During the inspection a senior manager discussed the revised transition plan in place which, if implemented, would see the resident move to a residential home of their choosing by the end of February 2019. The provider was required to adhere to the transition plan in order to provide the resident with a service that could meet their assessed needs and personal choice for where they wished to live.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had revised their risk management policy which was found to meet the requirements of the regulations. It was not evidenced that aspects of the revised risk management policy were being implemented in the centre.

Not all risks presenting in the centre were identified on the risk register. Equally not all personal risks presenting in the centre had a corresponding risk assessment in

place.

Risk assessments required review to ensure identified risks had been analysed to reflect the new environment, that control measures were considered and reflective of the new premises and assessments and procedures to manage risks were informative enough for staff to follow.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire alarm had been upgraded to meet the requirements of the fire safety standards for community and residential dwellings.

The provider had not ensured staff were able to use the fire alarm system effectively to locate the source of fire or smoke should the alarm sound.

A smoke seal was missing from a door in the premises.

Not all residents' personal evacuation plans had been updated to reflect the new premises.

It was not demonstrated that all residents had participated in a fire drill to assess what supports they would required in their new respite service environment.

Resident's personal emergency evacuations plans (PEEPs) were not update to reflect the change in environment.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Systems in place for stock checking specific psychotropic medicines, stored in the centre, required improvement.

Eye drops and creams did not have an open date recorded to ensure they remained viable and were used within the manufacturer's specified time frame.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Not all residents' personal plans had been updated within 28 days of their admission to the designated centre as required by the regulations.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A restraint register was not in place.

Restrictive practices had not been reviewed in light of residents' change of environmental circumstances and human rights committee reviews referred to residents' previous respite setting only.

Behaviour support planning was in place for residents as required.

Judgment: Not compliant

Regulation 8: Protection

Contact details of the designated officer were not displayed in the centre. The provider had not ensured residents were effectively safeguarded in the centre.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Suaimhneas Respite OSV-0005760

Inspection ID: MON-0024996

Date of inspection: 15/01/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The organization has reviewed all staffing in the center in is confident that there has been continuity of service with two staff from the current team on duty for the majority of the shifts and Agency staff only working along side an existing team member on occasion where we could not resource a second staff member from within the organization. The organisation will continue to review the amount of agency staff cover required at this location commencing February 2019</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Service Manager and Person in Charge will meet twice weekly for a three- month period and minutes of these meetings and actions arising will be kept. Unannounced Audits will be undertaken by "The Provider" on a monthly basis for a three -month period. One resident will be transitioned to a permanent residential setting by 01st March 2019.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: A full audit of all client folders was carried out on the 18th of January 2019. A second audit on resident's files will take place on the 18th of February and any outstanding work will be identified and completed by the 28th of February 2019. All paperwork including client Contract for the Provision of Service will be up to date and complete by February the 28th 2019.</p>	

The PPIM and PIC will do a monthly review of client folders/documentation.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: CSM and Keyworker will research and support clients with visual impairments to have access to assistive technology, aids and or appliances that could promote their full capabilities and orientation to their respite environment. This will be completed by the 28th of February 2019.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Resident living full time in the centre is in the process of transitioning to a new home. In her new home she will have adequate storage for all possessions. However storage has been provided in the centre for her possessions for the rest of her stay in the centre. All locks on bedroom doors were changed and keys are available to residents. This action has been completed.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Ventilation and non-functioning vents in location – All vents in the located have been inspected by a qualified Electrician. Vents in the kitchen are air exchange vents which blow fresh air into the room, these were found to be working correctly after a full inspection. They are working correctly and require no further attention. Vent in laundry room was deemed inadequate and additional 6 inch extractor fan installed. Vents in office working correctly. Vent at cooker, requires new charcoal strip which is on order and will be completed by 28 February 2019 2. Kitchen drawer missing – this has been replaced works complete. 3. Locks on Bedrooms to be changed – changed, all works complete. 4. Gate alarm – not yet complete. Completion date March 28 5. Fire zone maps in place since 12 February 2019 6. Ventilation in the Utility space –. CSM & SSM to look at options regarding laundry facilities. Additional 6 inch extractor fan added to laundry room recently to assist with issues. Action complete 7. Smoke seal on door – seal ordered from supplier will be fitted in day of arrival. Will be completed by February 28th	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary	

<p>absence, transition and discharge of residents: A Proposed transition plan for the resident was drawn up on the 12/05/18. This plan was then revised and submitted to the regulator on the 15/11/18. The plan was further updated and resubmitted to the regulator on the 14/01/19. This plan has now been actioned. The transition plan for resident currently living full time in the centre is in progress and will be complete by the 28th of February 2019.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments have been reviewed and signed off by CSM. Completed by February 28th 2019.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Zone maps have been drawn up and laminated and are now in place in the main respite location and the sleepover room. This action is complete.</p> <p>All personal and emergency evacuation plans have been reviewed and will be updated by the 28th of February 2019.</p> <p>Smoke seal on door is ordered and will be in place by the 28th Feb 2019</p> <p>Personal Emergency and Evacuation plans have been reviewed and will be updated by the 28th of February 2019.</p> <p>A simulated Deep Sleep evacuation took place on the 24th of January 2019.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Stock checks on PRN medication will take place and be recorded each week – this started on the 21st of January and open dates have been recorded on eye drops and creams. This action is complete.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and personal plan:
All personal plans were reviewed on the 18th of January and will be updated. A second audit on resident's files will take place on the 18th of February and any outstanding work will be identified and completed by the 28th of February 2019.

The PPIM and PIC will do a monthly review of client folders/documentation.

All day services support staff will be requested to assist in the review and update of personal plans. To be completed by 28th Feb 2019

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

A restrictive practice register is now in place. Restrictive practices are being reviewed and will be logged taking into account change of environmental circumstances. This will be complete by the 28th of February 2019.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Contact details of Designated Officer are now on display in the centre. The Designated Officer will review the environment to ensure all residents are effectively safeguarded in the centre.

Completion date 28th Feb

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 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	28/02/2019
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.	Not Compliant	Orange	18/02/2019
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	21/01/2019
Regulation	The registered	Substantially	Yellow	15/02/2019

15(3)	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.	Compliant		
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.	Not Compliant	Orange	28/02/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	28/02/2019
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	28/02/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2019
Regulation	The registered	Not Compliant	Orange	28/02/2019

23(1)(a)	provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	20/02/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	28/02/2019
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	28/02/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	28/02/2019

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	18/01/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	24/01/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	24/01/2019
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	18/01/2019
Regulation	The person in charge	Not Compliant	Orange	28/02/2019

05(4)(a)	shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(6)(b)	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, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	28/02/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	28/02/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/02/2019