



Office of the Chief Inspector

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

Name of designated centre:	The Park Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	26 July 2018
Centre ID:	OSV-0004038
Fieldwork ID:	MON-0021856

About the designated centre

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

The Park Group is a community based residential service located in North Dublin. It is comprised of three houses, all located in close proximity to each other. The centre provides residential care and support to female residents, with an intellectual disability. Two of the centres provide full time residential care, and the third provides residential care for five nights per week. The centre is staffed by social care workers, and has a full time person in charge. There are nursing services available for residents, as well as a range of multidisciplinary services.

The following information outlines some additional data on this centre.

Current registration end date:	23/08/2020
Number of residents on the date of inspection:	13

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
26 July 2018	11:30hrs to 17:00hrs	Amy McGrath	Lead
26 July 2018	11:30hrs to 17:00hrs	Thomas Hogan	Support

Views of people who use the service

Inspectors met with seven of the thirteen residents who lived in the centre. Three of the residents were on holiday at the time of inspection. Residents' views were also elicited from five resident questionnaires received by inspectors.

Residents spoken with told inspectors that they were happy in their homes. A number of residents showed inspectors around their homes, and appeared very comfortable in doing so. Residents were observed coming and going to various events and activities, including meals in local restaurants, and returning from part-time jobs.

Residents spoken with told inspectors that they liked the staff in their homes, and were confident in how to bring any issues to a staff member. Residents were aware of how to make a complaint. One resident mentioned that they would like more access to transport, as it was becoming more difficult to get to places by walking due to increasing age and health needs. This resident felt that the access their home had to transport services was limited in comparison to others in the centre. Two residents spoken with lived in self contained accommodation attached to a house, and each stated that they liked this arrangement, as it enabled them to retain some independence.

Capacity and capability

While there were governance and management structures in place they were insufficient in ensuring effective oversight of the quality and safety of the service. In the time since the last inspection, limited progress had been made regarding the required actions; 10 of the 15 actions had not been satisfactorily resolved. There were improvements required in workforce planning and staff training and development.

The centre was managed by a person in charge, who was sufficiently qualified and experienced to fulfill this role. The person in charge reported directly to a clinical nurse manager 3, and had additional support from a nurse manager on call.

The centre was staffed by a team of social care workers and health care assistants, who were adequately experienced and had sufficient skills to meet the assessed needs of residents. There were some vacancies at the time of inspection, and inspectors found that while the person in charge made efforts to ensure continuity of care, there was an over-reliance on agency staff. A review of rosters in one house for the previous month found that between 42 and 77 hours per week

were filled by agency staff. Staff spoken with told inspectors that the number of staff in the centre was sufficient to meet the assessed needs of residents.

There were improvements required in relation to training and staff development. The provider had a schedule of training in place for staff, and all staff had received mandatory training in fire safety, and medication management. One staff member did not have safeguarding training on the day of inspection, and not all staff members had received training in positive behaviour support. Furthermore, the provider had not ensured that staff had access to training as part of a continuous professional development programme; training needs identified by staff had not been facilitated.

While there were informal supervision arrangements in place, such as visits to the centre by the service manager, and regular phone calls, there were no formal supervision arrangements in place for staff at the time of inspection. The inspectors acknowledge that there were plans in place to introduce more formal supervision arrangements in the future.

A review of the centres statement of purpose and function found that not all information required by Schedule 1 of the regulations was present. Furthermore, there was insufficient information regarding the whole time equivalent of staff and management.

The provider had ensured that each resident had a contract for the provision of service in place, however these did not contain specific detail of the fees to be charged to residents. The inspectors found that residents had paid for items of furniture, despite their contract of care stating that their home was fully furnished; there was no evidence of consultation with resident available. There was insufficient detail in the contracts of costs incurred by residents for holidays or outings. The person in charge told inspectors that residents pay towards staff expenses for holidays, however this detail was not reflected in the contract of care. Furthermore, the contracts of care did not outline the services provided in sufficient detail.

The centre had a complaints policy in place, and residents were supported to make complaints where they chose to. Residents spoken with knew how to make a complaint. There was a nominated complaints officer, and a review of complaints in the centre found that complaints were managed promptly, with a record of the satisfaction of the complainant.

The provider had ensured that adverse incidents had been notified to the chief inspector as required by the regulations.

Regulation 14: Persons in charge

The role of the person in charge was full time, and she had the required qualifications, skills and experience to manage the centre. Although the person in charge was not entirely supernumerary, she had sufficient protected time to attend

to administration duties.
Judgment: Compliant
Regulation 15: Staffing
<p>While the provider had ensured that the number and skill mix of staff was appropriate to meet the needs of residents, there was an over-reliance on agency staff at times. The person in charge had made efforts to ensure that there was continuity of care for residents, despite a high level of agency staff utilised.</p> <p>Improvements were required to ensure that there was a planned and actual roster maintained for the centre.</p>
Judgment: Substantially compliant
Regulation 16: Training and staff development
<p>The provider had a schedule of training in place for the centre, although one staff member did not have safeguarding training. Not all staff had received refresher training in safeguarding in the time frame set out by the provider. Some training needs identified by staff as part of continuous professional development had not been facilitated by the provider. There were no formal supervision arrangement in place at the time of the inspection.</p>
Judgment: Not compliant
Regulation 21: Records
<p>Overall, the provider had maintained the required records as set out in the Regulations and associated schedules. However, there was insufficient detail regarding the charges payable by residents.</p>
Judgment: Substantially compliant
Regulation 23: Governance and management
<p>The provider had conducted an annual review of the quality and safety of the</p>

service, and carried out an unannounced audit every six months. There was a management structure and reporting systems in place, however these were not effective in ensuring adequate oversight of the quality and safety of the service.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract of care in place, however there was insufficient information present in the contracts regarding fees to be paid by residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained most of the prescribed information as set out in Schedule 1 of the Regulations. Further detail was required on the whole time equivalent staff numbers.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents had been notified to the chief inspector as required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy, and associated procedures in place. There was a named complaints officer, and a review of the complaints log found that complaints were managed promptly and efficiently.

Judgment: Compliant

Quality and safety

There were significant improvements required to ensure that the service provided to residents was safe and of good quality. Significant concerns were identified in fire safety, medication management, safeguarding and risk management. There were also improvements required to the premises, and in upholding residents' rights.

The centre maintained a record of accidents and incidents, and these were reviewed by the person in charge and senior manager on a quarterly basis. There were improvements required to ensure that emergent risks were identified in a timely manner, and sufficient control measures put in place. For example, one resident who had a history of falls, had identified to inspectors that the bathroom floor was very slippery after they had used the shower. This resident was anxious that they might fall in the bathroom. There was no risk assessment in place in relation to this, and no record of control measures in place to mitigate this risk. Furthermore, there were no risk assessments in place in relation to the significant concerns found in relation to fire safety.

A review of fire safety management found that the provider had not adequately addressed actions from the previous inspection. There were insufficient fire containment measures in each unit of the centre. A review of residents' personal evacuation plans found that they had not been updated to reflect learning from fire drills; for example, one resident's plan stated that they did not require assistance to evacuate, whereas a recent fire drill noted that the resident required verbal prompting to evacuate the premises. In two of the centres, an emergency evacuation point was located in an enclosed back garden, with no means of escape. The provider had not identified this as a risk to residents. The provider submitted an assurance plan in relation to these matters following the inspection, however there was insufficient detail to determine if the matters had been sufficiently addressed.

The inspectors reviewed the practices related to medicines in the centre, and found that there was significant improvement required. Residents each had access to a local pharmacist, and medicines were collected from or delivered by the pharmacy. Some residents self administered some of their medicines, however there were no assessments of capacity carried out for residents to ensure that they had taken responsibility for their medicines according to their preferences and abilities. The centre had not adequately risk assessed the practices related to self-administration of medicines.

Not all medicines had an expiration date present, this was particularly concerning for PRN (medicines only to be taken when the need arises) medication that had been dispensed over two years previously. There were no specific protocols in place in the centre to guide the use of PRN medication and prescription records did not consistently state the maximum dose of PRN medication. A review of administration records found that residents did not always receive medication as prescribed. For example, one resident had received a medication once weekly, despite being prescribed as twice weekly, on four occasions in the previous month. There

was no record of the circumstances that led to this omission of medication.

Overall, inspectors found that the staff in the centre supported residents to participate in, and consent to decisions about their care and support. Residents were supported to attend religious services and exercise civil and political rights; one resident spoke about their experience volunteering in a political campaign, and residents were supported to vote in elections and referendums where they chose to. The provider had not ensured that all residents had the freedom to exercise choice and control in their daily lives; at the time of inspection, one resident was staying in another designated centre as their own home had been closed for a period of time; the other residents in this house were on holidays and the remaining resident was moved to another centre to facilitate closing the service. There was no evidence of consultation with the resident in relation to this arrangement, and staff spoken with said that it was not the residents preferred choice.

While there were systems in place to safeguard residents, there were improvements required to ensure their effectiveness. There were plans in place for any resident for whom a safeguarding risk was identified, however they did not contain sufficient detail of the measures in place to protect residents from harm. The inspectors spoke with residents and staff, who were aware of protective measures to safeguard residents, that were not present in safeguarding plans. Residents spoken with told inspectors that they felt safe in their homes, and were comfortable raising concerns to staff. The centre had an appointed designated officer. Not all staff had received up to date safeguarding training.

There were some improvements required in the centre in relation to the upkeep of the premises, for example, some rooms required painting. However, for the most part, the centre was in good condition, clean, and decorated in a homely manner. Overall, the design and layout of the premises met the assessed needs of residents. However, in one house, there was insufficient communal space for residents; the dining room, while of sufficient size, was also utilised as a staff office and for storage of records, and therefore was not conducive to all residents comfortably using this room for meals. Furthermore, actions from a previous inspection had not been adequately addressed; bathroom and toilet facilities were not of sufficient standard or number to meet the needs of residents.

Regulation 12: Personal possessions

Residents were supported to maintain ownership of their personal property and finances. Residents were observed to manage their own laundry in line with their own abilities.

Judgment: Compliant

Regulation 17: Premises

Whilst overall, the centre was well maintained and equipped, there were improvements required to ensure that each home was designed and laid out to meet the number and needs of residents.

The centre had provided assistive devices for residents where required, and had ensured accessibility for residents who required support with mobility.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were procedures in place in the centre regarding the management of risk. A local risk register was maintained in the centre, and reviewed by a senior manager, and there were risk assessments in place for most identified risks. There were improvements required to ensure that risk assessments contained sufficient information regarding control measures, and that all identified risks were assessed.

Judgment: Not compliant

Regulation 28: Fire precautions

Actions arising from a previous inspection had not been adequately addressed. The centres fire prevention and emergency procedures required significant improvement. Not all emergency evacuation plans accurately reflected the support needs of residents. The centre did not have adequate fire containment measures in place. The centre had not adequately risk assessed the emergency evacuation plans, and therefore some risks associated with evacuation had not been identified.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Actions from the previous inspection had not been sufficiently addressed. Improvements were required to ensure that residents were administered medication as prescribed. Furthermore, not all medication had expiry dates present.

While there were some residents self-administering medicine, the centre had not conducted an assessment of capacity for residents in relation to this.

There was insufficient guidance on the use of PRN (medicines only taken as the need arises) medication.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The centre had carried out an assessment of need for each resident, and support plans were developed for identified needs.

Residents were involved in the development of care plans, and were supported to develop and progress their own personal plans.

Judgment: Compliant

Regulation 8: Protection

The centre had arrangements in place to safeguard residents, however there was improvement required to ensure that safeguarding plans contained sufficient detail to effectively guide staff in protecting residents from harm. Not all staff had up to date safeguarding training.

Judgment: Not compliant

Regulation 9: Residents' rights

Overall, residents rights were upheld in the centre, and they were supported to participate in decisions about their care and support. However, the provider had not ensured that each resident had the freedom to exercise choice and control in their daily lives. At the time of inspection, one resident was staying in another centre to facilitate closing the house for a period of time; there was no evidence of consultation with the resident with regards to this arrangement.

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 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Park Group - Community Residential Service OSV-0004038

Inspection ID: MON-0021856

Date of inspection: 26/07/2018

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:</p> <p>The provider will advertise and appoint staff for fixed term contracts to cover current vacancies.</p> <p>The PIC will maintain an actual and planned roster. </p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider will ensure that all staff have completed refresher safeguarding training by 31/12/18.</p> <p>The Provider will ensure that all staff have attended Positive Behaviour Support Training.</p> <p>The PIC will ensure that all staff have formal supervision.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The provider has a Patient Private Property Policy in place.</p> <p>The provider has local procedures in the designated centre in relation to changes for residents.</p> <p>The Provider will review the contract of care in line with Service Policy.</p> <p>The PIC has records of consultation with service user and family on file in the centre. </p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has submitted an application to vary to reduce the size of the Designated Centre to 3 houses to ensure the PIC has more time at each location.</p> <p>The provider will introduce formal supervision for all staff in the centre.</p> <p>The PPIM will review actions plan with PIC at all meetings.</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:</p> <p>The Provider will review the contract of care in line with the service Policy on Patient Private Property accounts and Local Guidelines on Service User Finances.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC will review the statement of purpose to ensure all information required in Schedule 1 is in place including whole time equivalent of staff numbers.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has consulted with the logistics officer re the designated centre to ensure it is designed to meet the needs and number of residents in the centre. He will draw up plans for a bathroom for the flat attached to one house to ensure that resident does not have to access the house for bathing purposes. He will assist the service user to apply for a housing grant to fund this work.</p> <p>The Pic will review the use of the dining room as the staff office and arrange alternative storage.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC has risk assessed the fire containment measures in the designated centre.</p>	

The PIC has reviewed the falls risk assessment for one resident and controls are in place.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
The PIC has updated PEEPs to reflect support needs of the residents.	
The PIC has risk assessed the emergency evacuation plans for the designated centre.	
The provider will ensure that adequate fire containment measures are in place in the centre.	
The Provider has consulted with a competent person re fire containment measures in the centre.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	
The provider has sought a letter from the pharmacy with an assurance that all Mymed medications are within their expiry date when dispensed.	
The PIC will complete a self medicating risk assessment for all residents in the designated centre.	
The PIC will review all PRN medications to ensure there is a maximum dose noted on the MPARS medication chart.	
The PIC will ensure that if a resident refuse medication it is clearly documented on the MPARS medication chart.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
All staff will receive refreshing training in adult safeguarding.	
The Provider, PIC and social worker will review safeguarding plans to ensure that all safety measures are recorded.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
The PIC will ensure that all service users have support to make decisions and the freedom to exercise control over their daily lives and living arrangements.	

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 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	31/12/2018
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/09/2018
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.	Not Compliant	Orange	31/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2018
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to	Not Compliant	Orange	31/12/2018

	meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2018
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	05/10/2018
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	05/10/2018
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	01/02/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to	Not Compliant	Orange	01/02/2019

	be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	28/09/2018
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.	Not Compliant	Orange	28/09/2018
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/09/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2019
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	31/10/2018
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable	Not Compliant	Orange	31/10/2018

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
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.	Not Compliant	Orange	31/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/10/2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/12/2018
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate	Not Compliant	Orange	31/12/2018

	training in relation to safeguarding residents and the prevention, detection and response to abuse.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	05/10/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	05/10/2018