

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

Issued by the Chief Inspector

Name of designated centre:	Rathmore House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0002037
Fieldwork ID:	MON-0030126

About the designated centre

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

The designated centre is operated by Enable Ireland and is based in a rural area outside a town in Co. Wicklow. The service provides holiday respite breaks for adults who reside in the CHO6 area, and who meet the assessed criteria. Breaks are facilitated for up to 5 nights in the week for a maximum of three adults per break; the size of the group depends on the person's needs, support/dependency levels, and staffing levels are allocated to reflect the support needs of service users. The centre is a two storey house which consists of six bedrooms, a large conservatory, sitting room and kitchen. The centre is staffed by the person in charge, a staff nurse, social care workers and personal care assistants who are responsible for supporting the care needs of all residents throughout their break.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	09:45hrs to 17:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents availing of the respite service in this centre were supported to enjoy a good quality of life and to make choices and decisions about their care throughout their respite stay.

The centre was registered to provide a respite service for four adults at a time however, due to findings on an fire audit report, completed by an external company in October 2021, the provider had reduced the numbers of residents staying in the centre to three at a time. The provider is submitting an application to vary to ensure the service is in line with the centre's registration conditions.

The inspector met with two residents who were staying in the centre on a respite break. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance and with the inspector wearing the appropriate personal protective equipment (PPE) in adherence with national guidance.

During conversations with the residents, they told the inspector that they were happy with the amount of choice and control they had during their stay at the respite centre. Residents expressed that they enjoyed the company of staff and that staff were easy to talk to and they could have "good fun and a laugh with them". The residents knew who they could talk to if they were unhappy or needed to make a complaint. The inspector reviewed the complaints and compliments log and saw that there were a number of cards from residents and their families thanking and praising staff for the care and support provided during their stay.

Overall, the inspector observed the house to be suitable to meet the respite residents' individual and collective needs in a comfortable and homely way. The physical environment of the house was clean and for the most part, in good decorative and structural repair. The flooring through-out the centre had been changed since the last inspection, and while it was hard-wearing, the inspector observed it to be clinical in design and took away from the homeliness of the house.

The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, safe and comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents through-out their stay. There were lots of Christmas decorations through-out the house including a large Christmas tree. There was a large bright conservatory room that was used as both a dining and activity room. On the day of inspection, a Christmas decoration making activity was set up in the conservatory with an array of arts and craft materials for the residents to work with. Later in the day, the inspector observed a collection of Christmas decoration which had been hand-made by one of the residents. The resident told the inspector that they had enjoyed the activity.

Residents were provided with a choice of healthy meal, beverage and snack options during their respite stay. Through observations of weekly menu and activity plans, the inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation and physical activities.

Residents were encouraged and supported around active decision making and social inclusion. At the start of their break, residents participated in group meetings as well as one-to-one keyworking sessions where matters relating to their care and support were discussed and decisions made. For example, matters such as health and safety, Covid-19, complaints, the fire evacuation drill, safeguarding, as well as what activities residents would like to participate in during the week and menu plans, were discussed and agreed upon. In addition, throughout their stay, residents met with their keyworkers to review and make plans to progress and achieve their goals.

In summary, the inspector found that, overall, the residents' wellbeing and welfare was maintained to a good standard during their stay and that there was a person-centred culture within the designated centre.

The inspector found that, through speaking with the residents and staff and through observations, it was evident that staff and the local management team were striving to ensure that residents were enjoying their respite break in a supportive and caring environment and were empowered to live as independently as they were capable of during their stay.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident during their respite stay.

Capacity and capability

Overall, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents during their respite stay. The inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the respite resident's needs and wishes were taken into account. The provider was endeavouring to ensure that the centre was adequately resourced and there was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, who was knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality safe care and support. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for residents. However, to ensure the safety of respite residents

at all times, the inspector found that improvements to the fire management systems in place were needed.

Following a review of the Health Information and Quality Authority's (HIQA) Fire Safety handbook, the provider arranged for a fire risk audit to be completed by an external company in October 2021. The fire audit report found a number of issues relating to most of the areas with the centre's fire management system. As a result of the report, and to ensure the safety of residents, an upstairs bedroom was taken out of use. The provider had organised for an architect to review the fire audit report and for an action plan to be put in place so that the person in charge and health and safety manager could follow up on the tasks required to complete the actions. The inspector was advised that the architects plan was due in mid-December. The fire audit also prompted the review of the fire detection systems and alarms by the centres external fire safety company. On the day of the inspection, the person in charge was awaiting the outcome of the review. Overall, while the provider was proactive in following up on the fire safety handbook, the inspector found, that due to the extensive list of issues found on the fire safety audit, the timeliness of the follow-up required improvement to ensure the safety of the residents at all times. In addition, on review of the centre's risk registrar, the inspector found that a review of the risk rate associated with the fire safety issues, (which was rated green), was needed.

Notwithstanding the above, overall, the inspector found that the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report in February 2021 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review.

A six monthly review of the quality and safety of care and support had been carried out in June 2021 and included an action plan with time frames and persons responsible to complete the actions. However, the review was not based on site and was not unannounced as per the regulatory requirement.

There was a robust local auditing system in place by the person in charge, supported by the team leader, to evaluate and improve the provision of service and to achieve better outcomes for respite residents. For example, there was a medical management audit, an infection prevention control audit, an accident and incident audit and a personal plan audit, but to mention a few.

On review of the minutes of the staff team meetings, the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents during their respite stay. For example, learning from incidents, staff training needs, reviews of residents' personal plans, Covid-19 guidance, staff welfare and household maintenance matters were all discussed at the meetings. However, the inspector found that improvements were needed to the frequency of the staff team meetings to ensure that shared learning and information circulation was provided to staff in a consistent and continuous manner.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents availing of the respite service. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

There was a staff roster in place and it was maintained appropriately. The staff roster clearly identified the times worked by each person. During 2021, two staff had left the centre and two new staff were employed. The inspector was informed that there were two staff vacancies for health care assistants posts and that the provider was actively recruiting and interviewing for the two positions. One relief staff and one agency staff were rostered on a weekly basis to cover the vacancies.

The person in charge was endeavouring to ensure that there was continuity of staffing so that support and maintenance of relationships were promoted. Where relief and agency staff were needed, the same two people were employed. In addition, many of the staff employed had worked in the centre for two years or more.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. Good quality supervision meetings, to support staff perform their duties to the best of their ability, were taking place.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence based best practice. A training matrix was maintained which demonstrated that staff had a good level of both mandatory training and refresher training. Supervision arrangements were in place for the person in charge and for staff. The supervision content was appropriate to meet the needs of the staff and staff who spoke with the inspector advised that they found their one to one supervision meetings beneficial to their practice.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak which was regularly updated. In addition, the provider completed a risk assessment for the centre relating to COVID-19 risks and a contingency plan specific to the designated centre.

Regulation 15: Staffing

There were two staff vacancies for health care assistants since the first quarter of the year. The provider was actively recruiting for these positions. In the interim,

relief and agency staff were recruited to cover the positions and the person in charge was endeavouring to promote continuity of care by employing the same two relief staff as much as possible.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training needs of the staff were regularly monitored and addressed by the person in charge to ensure the delivery of a quality safe and effective service to the residents during their respite stay in the centre.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents during their respite stay was safe, appropriate to their individual needs, consistent and effectively monitored. However, due to the extensive list of issues found on the fire safety audit, the timeliness of the follow-up required improvement to ensure the safety of the residents at all times.

The six monthly review of the quality and safety of care and support carried out in June 2021 was not based on site and was not unannounced as per the regulatory requirement.

A review of the frequency of staff meetings was needed to ensure that they took place on a regular and consistent basis to support shared learning and continuous quality improvement of service delivery.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Quality and safety

The inspector found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their stay at the respite service. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to respite residents was of good quality. However, as referred to in the capacity and capability section of the report, to ensure the safety of respite residents at all times, improvements to the centre's fire management systems were needed.

The centre's fire extinguishers had been serviced on an annual basis and the alarm system on a quarterly basis as required. Staff were provided with fire safety training and each respite resident was provided with a personal emergency evacuation plan to ensure their mobility and cognitive understanding were adequately accounted for. Fire evacuation drills were carried out during each respite stay (once a week) however, some improvements were needed to ensure the drills included scenarios that were in line with the measures outlined in residents' personal evacuation plans. For example, where required, residents' personal emergency evacuation plans, advised exiting on a bed through the bedroom's external door. However, a fire drill to ensure this type of evacuation could be completed in a safe time and with the least amount of staff and most amount of residents, had not yet been completed in the centre.

In addition, to support and needs and wishes of respite residents, specific devices to keep doors open during the day were fitted to a number of doors in the house. These doors automatically released and closed when the alarm sounded in the event of a fire. A fire drill, in November 2021, had noted that two bedroom doors, (where these devices were attached), had not released closed. On the day of inspection, there was no evidence to demonstrate that this had been followed up on.

The risk management policy in place was up-to-date and included all the required information as per the associated Regulation. Overall, the inspector found that individual and location risk assessments were in place to ensure that safe care and support was provided to residents during their stay at the respite centre. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. The risk register was regularly reviewed and updated when new risks arose. The risks associated with the outcome of the fire audit report had been included on the centre's risk register however, a review of the risk rate was needed to ensure that it was appropriate to the risk and the control measures required.

The physical environment of the house was clean and for the most part, in good decorative and structural repair. The design and layout of the premises ensured that

each resident could enjoy their respite visit in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents throughout their stay. However, repair work was needed to some internal and external areas of the centre to ensure that residents were enjoying a respite break in a house that was in good state of decorative repair at all times. A number of the issues had been identified in advance of the inspection, and in some cases the appropriate professional had been contacted, however, there was no documented action plan or timeline in place for the tasks to be completed.

The day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents during their respite stay. The inspector observed there to be adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use and there was ready access to an ample supply of PPE. The house was clean and cleaning records demonstrated that a high level of adherence to cleaning schedules was taking place. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

The inspector reviewed a sample of respite residents' personal plans. Residents' personal plans reflected their continued assessed needs and for the most part, outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected throughout their respite stay. Residents were supported to choose goals which were meaningful to them and on each respite stay their keyworkers supported them in progressing and achieving their goals. However, on review of a sample of plans, not all plans demonstrated that residents' goals had been addressed, progressed or achieved. In addition, to better support residents understanding of their personal plan and to enhance participation in the consultation process in a meaningful way, improvements were needed to ensure, that where appropriate, residents were provided with an accessible format of their personal plan.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All staff had completed safeguarding training. Personal and intimate care plans were in place for those residents who required them and set out how to support their independence and to respect their dignity and privacy.

Regulation 17: Premises

The physical environment of the house was clean and for the most part, in good decorative and structural repair. However, repair work was needed to some internal

and external areas of the house. For example, a large section of the coating on the external side of the laundry room had broken off with a risk of further deterioration to the wall. The door saddle under the sitting room door had been removed but not replaced. Some of the centre's doors, door frames and daydo rails required upkeep and paint work. A number of the issues had been identified, and in some cases the appropriate professional had been contacted, however, there was no documented action plan or timeline in place for completion of the tasks.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents during their stay at the respite centre. Overall, the risk register was regularly reviewed and updated when new risks arose.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents during their respite stay. The centre was clean and cleaning records demonstrated that staff were working in line with the cleaning schedules in place.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were needed to ensure that the centre's fire evacuation drills/simulated drills, included scenarios that were in line with measures outlined in residents' personal evacuation plans.

A fire drill, in November 2021, had noted that two bedroom doors, (where specific devises were attached), had not released closed. On the day of inspection, there was no evidence to demonstrate that this had been followed up on.

While the provider was proactive in organising an external company to complete a fire safety audit, due to the extensive list of issues found on audit, the timeliness of

the follow-up required improvement to ensure the safety of the residents at all times.

A review of the risk assessment associated with the outcome of the fire audit report required reviewing to ensure that the rate assigned to it was appropriate to the actual risk.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with personal plans and were supported to choose goals which were meaningful to them.

However, on review of a sample of plans, not all plans demonstrated that the residents' goals had been addressed, progressed or achieved.

In addition, where appropriate, not all residents were provided with an accessible format of their personal plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where restrictive procedures were used, they were applied in accordance with national policy and evidence based practice. For example, where physical restraints such as bed-rails, bed-bumpers, lap-belts and chest harnesses were used they were clearly documented and reviewed. On arrival at each respite visit, restrictive practices were discussed and reviewed with the resident concerned, or where appropriate their representative, and any updates or changes were recorded in their personal plan.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by practices that promoted their safety during their respite stay. Staff treated residents with respect and personal care practices, included in the residents' personal plans, regarded the residents' privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rathmore House OSV-0002037

Inspection ID: MON-0030126

Date of inspection: 02/12/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Interviews were conducted in Dec 2021 - One full time HCA vacancy has been filled. Awaiting Garda clearance & References. • New recruitment competition commenced on 10/01/2022 to fill two more vacancies • PIC has ensured continuity of care by employing the same agency staff member and relief person. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Scheduled staff meeting dates have now been added to Respite visit schedule. • Unannounced internal inspections will take place again based on public health guidelines and the risks associated with crossing between vulnerable residential/respice settings. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

<ul style="list-style-type: none"> • Contractor engaged to complete identified repair works by 28/02/2022 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • PIC requested an onsite visit from Wexford County Council Fire Officer. He attended Rathmore House in December 2021. He conducted a visual inspection of the premises and informed the PIC that there were immediate fire safety issues. • A meeting was held with the Fire Officer & Architect following his inspection and a discussion took place regarding improvement to be made in Rathmore House. • A meeting will take place on January 19th with architect & H&S officer to finalise plan of works to be completed by March 2022. • PIC has engaged a construction firm & Fire consultancy firm to complete works by end of first quarter 2022. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Audit of all care plans to be completed by 31/03/2022. • Staff meeting agenda scheduled for January 2022 to identify learning required and regulation 5 do be discussed and ensure adherence. 	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	12/01/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means	Not Compliant	Orange	31/03/2022

	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.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/01/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2022