



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 April 2021
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0032021

About the designated centre

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

This designated centre operated by the Muiríosa Foundation, consists of one large private dwelling in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bedrooms have an en-suite with another separate bathroom on the same floor. The remaining bedrooms and bathrooms are located on the ground floor. There is a large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all residents access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The person in charge shares their time between this designated centre and another designated centre. During the day there are primarily two to three staff on duty and at night one sleeping staff and one waking staff .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Thursday 1 April 2021	09:30hrs to 15:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector of social services had the opportunity to meet with four of the five residents on the day of inspection. Residents used both verbal and non-verbal methods to communicate their views. The inspector aimed to determine some of the residents' views and experiences through observation, documentation review, conversations, and interactions with staff and residents. Overall the inspector found that residents enjoyed a good quality of life, and the centre was resourced to meet residents' assessed needs.

The inspector noted that the residential house in this designated centre was designed and finished to a very high standard. This was a very large country dwelling on private grounds. Staff informed the inspector that there were lovely nature walks in the vicinity of the house that residents enjoyed during the current health pandemic restrictions. Also, due to the lockdown, visits to or from family members were limited or paused; however, these had recently recommenced with the easing of government restrictions. The provider had appropriate protocols in place for the recommencement of these visits in line with COVID-19 guidance. The inspector observed there was ample space for residents to receive visitors in private.

On entering the centre, the inspector observed the house to have a homely feel. There was a relaxed atmosphere, and three residents were observed relaxing in the kitchen and living room with staff. Each resident had their own room decorated to a very high standard, and there was plenty of space throughout the centre to fully meet the high support needs of residents. The person in charge informed the inspector that three residents received day service supports from their home, and two residents attended a day service in the local community. One resident was yet to resume their day service due to COVID-19 restrictions, but it was hopeful that the resident would return soon with the lifting of restrictions. The inspector met with four residents during the inspection and observed elements of the residents' daily lives.

Two residents met by the inspector indicated they were happy with their life in the centre by the way they interacted with staff, by the relaxed demeanour they displayed and how they took pride in their appearance. In particular, these residents enjoyed wearing elegant clothing, which was evident on the day of inspection. It was also clear that the residents were assisted in all matters of personal grooming, and staff were keenly aware that this was important to the residents. The inspector was informed that residents were looking forward to going shopping for their favourite clothes when restrictions eased. Residents smiled when talking with the inspector and with staff.

Residents appeared to enjoy high levels of staff support in the centre, with residents being supported with their individual needs from staff throughout the day. The staff team consisted of staff nurses, nursing students and social care workers. Residents also had access to a range of other multi-disciplinary staff support if required. Staff

spoken with appeared familiar with the residents' individual needs. The inspector heard and observed many positive interactions between staff and residents on the day of inspection.

It was noted that residents were engaged with their preferences on an individual basis through one to one key worker meetings. The inspector did not have the opportunity to engage with residents' representatives or their family members, but evidence was reviewed to demonstrate residents were supported to maintain contact with those who were important to them. The provider sought residents and family views as part of their annual review to ascertain the views of the service provided and changes that they may want to be implemented. All family members indicated that they were happy with the service being provided, and they could tell that staff were fond of the residents, and residents appeared content in their company. One family stated that .." staff had gone out on a limb.." to support their family member during the pandemic. One family queried if their loved one could use video conferencing to connect with family members living abroad and this was facilitated by the person in charge and staff and was very successful.

At the time of the inspection, in line with government guidelines, the provider had appropriately adhered to COVID-19 related restrictions, which meant that residents did not have many opportunities for social engagement in or with their local community. From a review of residents' personal files, it was apparent that staff, however, were endeavouring to support residents with activities that were safe and in adherence with the restrictions.

Mealtimes appeared to be individualised and a relaxed experience in the centre. The inspector observed one resident finishing their breakfast at the start of the inspection and another resident having lunch later in the day. It was evident that residents' preferences for when they ate were respected, and the support required from staff was provided. The inspector also observed some residents baking buns with the support of staff. The smell of home cooking was evident in the centre at the end of the inspection day.

The inspector did observe that some improvements were needed in the areas of staff training, the residents contract of care and fire management, which is detailed in other sections of the report.

The next two sections of the report present the findings of this inspection related to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The centre had a good history of compliance with the regulations. However, an inspection carried out in December 2019 found areas of varying non-compliance

across ten regulations, including residents' access to meaningful activities, fire management, governance and management, admissions, premises and healthcare. This inspection showed that the centre had been responsive to that inspection's findings and had carried out the required actions. Since the last inspection, the inspector found several improvements, resulting in positive outcomes for residents, particularly in the admissions processes, premises, governance and management. These are detailed further under the relevant regulations in the report.

This was a short-term announced inspection and was announced on 30 March 2021. The aim of this inspection was to assess the improvement made by the provider in key areas since the previous inspection, and it also provided for the inspector to gain further information in relation to the centre's application for renewal of registration.

The service was led by a capable person in charge who was knowledgeable about the residents' support needs. The inspector found that the provider had increased the person in charge's supernumerary hours since the previous inspection, allowing the person in charge to better carry out their duties and ensure appropriate oversight of service delivery. This had attributed towards the centres' increased compliance, and the person in charge told the inspector they felt supported in their role.

The provider ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly unannounced visits and audits. Such audits ensured the service remained responsive to the residents' needs and were bringing about positive changes to the centre's operational management.

The staff team comprised of qualified nursing staff, staff nurses and social care workers. The inspector and the person in charge had a number of conversations regarding the staffing needs within the centre, as this had changed significantly since the previous registration. One sleepover shift had changed to a live night shift as a result of changing needs of residents. The inspector observed on the rosters that there was a high number of staff used, including relief and agency staff, compared to the centres' statement of purpose. This was as a result of sick and cocooning leave. The person in charge explained the plans to address these gaps and how continuity of care was maintained. This is discussed in greater detail under regulation 16 staffing.

Staff training was provided to meet the resident's needs. The training was provided in areas including medication management, infection control, manual handling, behaviour management, safeguarding, infection control, first aid and fire safety. Some training was being facilitated online secondary to COVID-19, and the provider had delayed the due date of some refresher training in response to some difficulties securing face to face training. The inspector identified some gaps in food safety training that that was brought to the attention of the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew their registration in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified social care worker who was responsible for two designated centres. The person in charge's supernumerary hours had increased since the previous inspection from 16 hours per week to 26 hours to help ensure the effective governance, operational management and administration of the designated centre.

The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the regulations. They were also aware of the requirement to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed rosters for the previous eight weeks. There appeared to be a high number of staff used, which included relief and agency staff. For example, in March, there were 21 different staff used whereby the centres' statement of purposes stated that there was a whole-time equivalent (WTE) of 7.56 staff comprised of 11 staff members. The person in charge explained that the provider had responded to changing needs in the centre by changing a sleepover shift to a live night resulting in additional hours required in the centre. In addition, two full-time staff were on long time sick leave or cocooning due to the pandemic. Two fixed-term posts were already sanctioned to cover the leave, and the two additional staff were due to start the following month in May.

An updated statement of purpose was submitted after the inspection with an increased WTE of 8.6. The inspector was assured that the provider had responded to the increase of residents' needs and put a plan to reduce the reliance on relief and agency staff by recruiting two core staff members.

Overall, the inspector was satisfied that staff numbers in place were appropriate to meet the residents' assessed needs, and the use of relief and agency would

decrease in the following month.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the Health Service Executive (HSE). Documentation was in place to evidence this.

The provider had an interim plan to extend the date due to some training due to the pandemic. Also, some training had been redesigned for online viewing, such as the management of behaviours.

The inspector found that some staff required food safety training in line with the required timelines as set out within the providers policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had carried out six-monthly unannounced visits, which were used to inform a report on quality and safety. The provider produced an annual review of the care and support delivered in the centre, and this review included the views of residents and their families.

The inspector found that the governance and management arrangements ensured that the centre's practices were subject to regular monitoring to ensure their effectiveness. For example, the annual review identified that the reviewing of incident reports at staff meetings had not occurred as per policy. This issue was addressed at the time of this inspection.

The provider had recognised the need to increase staffing support hours at night in one house in line with residents' changing needs. This demonstrated that the provider was proactive in responding to periods of change as per residents' requirements.

In addition, there was an effective governance structure in place to prepare for and manage a COVID-19 outbreak in the centre, and a contingency plan was reviewed on a regular basis to ensure its effectiveness in the event of an outbreak.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions policy and procedures in place, and the criteria for admission was outlined in the centre's statement of purpose. From a recent admission viewed, residents' admission to the centre had occurred in line with the organisation's policies and procedures and the centre's statement of purpose. This took into account that visits to the centre prior to admission could not be facilitated due to the public health's advice at that time.

All residents had a pre-admission assessment prior to them coming to live in the designated centre. This helped to ensure that the centre could meet the resident's needs.

Each resident had a contract of care that contained information in relation to care and support in the centre, the services to be provided for, and where applicable, the fees to be charged. Upon reviewing the contracts of care, one charge was unclear. It was listed under the organisation's services and also listed as an additional fee; this required clarifying.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in February 2021 and was on display in the centre and a copy had been submitted to the chief inspector as part of the application to renew registration of the centre. The provider had made the required changes to ensure the statement of purpose narrative correlated with the updated staffing arrangements.

However, the arrangements made for the supervision of any therapeutic techniques used in the centre was outstanding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time

frames.

Judgment: Compliant

Quality and safety

The inspector found that overall, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to the residents living in the designated centre. 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. An area of improvement that needed to be addressed by the provider, identified by the inspector was the fire management arrangements.

The centre had been found non compliant in relation to fire precautions on the previous inspection, and upon reviewing the fire arrangements on this inspection the inspector found that the fire systems did not provide assurances that fire could be contained in the event of a fire and that all residents could be safely evacuated in the event of a fire. The registered provider had not ensured that there was a fire safety management system in place. Areas which required improvement to ensure residents were safe in the event of a fire are listed under regulation 28: fire precautions.

During the inspection, the premises was found to be clean. The provider, person in charge and staff working in the designated centre had adopted procedures for infection prevention and control and the management of the COVID-19 pandemic, which were consistent with national guidance for residential care facilities. Staff were observed wearing personal protective equipment (PPE) throughout the inspection. Regular temperature checks were being completed and hand washing facilities and alcohol gels were noted around the centre. Residents had individual risk assessments in place which assessed the impact that COVID-19 may have on their physical and psychological health.

Residents had a comprehensive assessment of needs on admission. The assessment process involved the use of validated tools to assess each resident's independence and dependence regarding their health, social and personal needs. A care plan was developed following admission, and those in place reflected the resident's assessed needs.

Residents were supported to manage their behaviours. Residents all had access to a behavioural specialist within the service, if required, who devised residents positive behavioural support plans. The risk of peer to peer safeguarding incidents was very low, with no incidents happening in a number of years. The residents were observed as happy to be in each others company.

Some restrictive practices were in use in the centre, including the use of bed rails

and monitors. Restrictive practices were in place secondary to clear rationale and identified risks, with corresponding individualised risk assessments in place for any restriction use. Any restrictive practices in place were reviewed and approved by the service restrictive practice committee.

From a small sample of files viewed, the inspector observed that residents were also being supported with their emotional and healthcare related needs. As required, access to a range of allied health care professionals, including GP services, chiropody, occupational therapy, and a dentist formed part of the service provided. Residents also had the daily support from nursing staff.

There were systems in place for the recording of daily expenditure. Residents' personal finances were stored securely and checks and balances were being completed regularly. Statements from a financial institution were available on a regular basis and they formed part of the review and reconciliation of residents' finances. This was completed by the person in charge to ensure that the systems in place to keep residents' money safe, were effective.

Regulation 11: Visits

There were appropriate arrangements in place to ensure that residents could receive a visitor of their choice. Visits were managed in line with the current public health guidance.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their own financial affairs and the person in charge was conducting regular audits of money which was spent on behalf of residents to ensure safe practices were employed at all times. Staff in the centre also maintained a log of each resident's personal possessions.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a large two story house located rurally in Co.Kildare. The centre was visibly clean and tastefully decorated. The layout and design of the premises were sufficient to meet residents' needs, and the layout and function of

rooms in the centre were reflective of those in the statement of purpose.

The provider had completed works identified in a previous inspection relating to some ceiling damage after a shower leak.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken a number of steps to ensure that residents were protected against a possible outbreak of COVID-19. Sufficient PPE was available at all times and there were additional stocks available for use should there be a confirmed or suspected case identified.

Staff had access to hand washing facilities and hand sanitising gels and staff were observed washing hands on entry and exit to each building at all times. Mechanisms were in place to monitor staff and residents for any signs of infection. There was an appropriate area for the disposal of used PPE when staff members were leaving the designated centre.

There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre. The provider had conducted a comprehensive risk assessment in relation to infection control risks.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire arrangements had not been reviewed or tested for their effectiveness since the needs of residents had increased in the house. Three residents required 2:1 support from staff to evacuate at night time; one of these

residents' bedrooms was located upstairs. While some fire drills demonstrated the use of a ski-sheet with the minimum amount of staff on during the night, which was two staff, no drill had taken place for all residents that required 2:1 support to ensure that they could be safely evacuated.

Residents' mobility and cognitive understanding were accounted for in their personal emergency evacuation plan (PEEPS); however, there was no overarching plan on how the PEEPS would work alongside each other. For example, the order of evacuation depending on where a fire was located and how staff could ensure all residents were safe while they attended to one resident. The inspector also found that this risk was further heightened by the absence of fire door closures in high-risk areas. Fire doors that were installed remained opened and did not close automatically, therefore, impacting its efficiency as a fire containment measure.

Judgment: Not compliant

Regulation 6: Health care

Where required, specific healthcare plans were also in place to support residents with conditions such as epilepsy, nutrition and dysphagia. The review of healthcare plans also formed part of the six-monthly unannounced audits to ensure they were effective and up to date.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that due to the residents' assessed needs, there was a minimal requirement for behavioural support provision; however, a referral system was available if required to the organisations' behavioural therapist. It was noted during the inspection that a restriction-free environment was promoted.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to ensure that residents were protected from abuse. At the time of the inspection, there were no open safeguarding plans in place in the designated centre.

There were care places in place that outlined residents' support needs and

preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 14 OSV-0003754

Inspection ID: MON-0032021

Date of inspection: 01/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>A schedule has been devised by the Person in Charge to ensure all staff are trained in Food Safety in line with service provider policies.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially 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 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 be charged.</p> <p>The registered provider will ensure that all charges are clearly identified with the contract of care for each resident.</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 registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.</p> <p>The registered provider shall ensure that arrangements are in place for the supervision of therapeutic techniques that are used within the centre and outline same in the Statement of Purpose.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider shall make adequate arrangements for reviewing fire precautions. A fire evacuation procedure will be completed to ensure that all residents can be safely evacuated in the event of a fire.</p> <p>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. The register provider will ensure that that adequate arrangements are for fire safety.</p> <p>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. A night time fire evacuation procedure will be completed to ensure that all residents can be safely evacuated in the event of a fire.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/04/2021
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 be charged.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Not Compliant	Orange	05/05/2021

	precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2021
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	05/05/2021
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	07/05/2021