



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

Issued by the Chief Inspector

Name of designated centre:	Centre 2 - Cheeverstown House Residential Services (Active Age)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	28 January 2021
Centre ID:	OSV-0004925
Fieldwork ID:	MON-0029119

About the designated centre

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

This designated centre comprises of 5 houses, four are located on the residential campus in South Dublin and one is based in the community in a small village in South Dublin. The centre provides 24 hour residential care and support for adults both male and female. The capacity of the service is for 17 adults with intellectual disabilities including some adults with physical and sensory disabilities. House 1 comprises of 6 bedrooms, a kitchen/dining room, two sitting rooms and two toilets, a bathroom and shower room. House 2 comprises of the same and house 3 comprises of 3 bedrooms, kitchen/dining room and sitting room and separate bathroom and toilet on the ground floor and a toilet upstairs. House 4 comprises of two bedrooms, two offices, kitchen/dining room, sitting room and toilet downstairs and a bathroom with toilet upstairs. House 5, in the community, comprises of 3 bedrooms, one of which is used as an office, sitting room, kitchen/dining area and 1 toilet on ground floor and a two toilet upstairs, one with a bath. Each house includes a garden space for the residents to avail of. As per current statement of purpose, there is one clinical nurse manager, 13 staff nurses, 16 care assistance 4 housekeeping staff and a full-time person in charge employed in this centre. For the houses on campus, there is also two float night duty staff that provide assistance with the support of the night manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 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 28 January 2021	10:30hrs to 17:15hrs	Jacqueline Joynt	Lead
Thursday 28 January 2021	10:30hrs to 17:15hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The provider had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular made strong efforts to facilitate and enable residents to keep regular contact with their families during the current health pandemic.

The inspectors reviewed a sample of the centre's complaints and compliments book which included a number of complimentary entries from residents' families. On review of the entries, the inspectors found that many families expressed their thanks and gratitude on several occasions regarding the support and care provided to their family members, and in particular, the way staff had been innovative in supporting visual contact during the current health pandemic restrictions. In addition, families particularly noted their delight in receiving photographs of their family members enjoying activities with their peers and the social groups they were involved in. A number of the compliments referred to families satisfaction with the levels of communication between them and staff during periods when their family members were in hospital.

The inspectors visited two of the centre's five houses and met with five of the twelve residents living in this centre. Conversations between the inspectors and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. The residents used both verbal and non-verbal communication and where appropriate, were supported by staff when engaging with the inspectors.

The inspectors visit to each house was primarily restricted to one location within each house (in line with public health guidelines). In one house the inspector was welcomed in and met by two residents who were relaxing in their sitting room. The inspector observed that the residents had just enjoyed a hand massage alongside having their nails painted. The residents appeared relaxed in the company of staff and there was a homely and pleasant feel to the room.

The inspector saw that the physical environment of the entrance, hallway and sitting room was clean and in good decorative and structural repair. An artificial fire was lit and placed at the heart of the sitting room which provided a cozy and warm atmosphere in the room. The television was playing music videos and the inspector was informed by staff, that both residents enjoyed listening to music so much that music was constantly playing in the house.

Overall, the house met the needs of the residents. However, on the day of

inspection, the inspector observed there to be a new stair lift installed in the house. One of the resident's mobility needs had significantly and rapidly declined since Christmas. The lift was put in place to provide immediate support for the resident to gain access to their bedroom. However, as this support required the assistance of two staff members, this meant that the resident could no longer access their bedroom independently. The inspector was advised by the person in charge, that a review of the resident's assessed needs, in relation to their living environment, had taken place and a number of options were being explored. The inspector was also informed that the resident and their family were consulted throughout the decision-making process and that their choices and wishes were at the forefront of all decisions.

In the second house visited, the inspector met with two residents having a relaxing afternoon, with one resident watching a film in their favourite recliner chair and the other resident relaxing with music and aromatherapy devices. Each resident had their preferred spot in which to spend their time and the single-storey house was of an appropriate size and layout to support their needs and wishes. The house consisted of single bedrooms located off a large foyer living room, with smaller communal areas and a kitchen adjacent to this. The house was nicely decorated and furnished, and the inspector saw photos of the residents along with the people who used to live with them in the house.

The inspector also met with another resident who had just returned from a drive where they visited their favourite spots including the airport; they were accompanied by a member of staff in the vehicle. All residents met were in good form and had a good rapport with staff. Staff that the inspector met had a good knowledge of the residents and were familiar with the means by which residents communicated.

The inspectors observed that overall, the residents' rights were upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents and their families. Satisfactory consent forms and decision making assessments were included in resident's personal plans.

The inspectors reviewed a copy of a newly designed easy-to-read consent form which informed the residents about the COVID-19 vaccination. The form was person-centred and was specific to each resident and was designed to ensure it took into account each resident's assessed communication profile. The consent form included steps to explain the vaccine, measures to prevent distress and if necessary, how to address residents' distress. The form included information on the actual vaccine procedure and how residents would be supported during it. There was an array of pictures and illustrations to assist residents to understand and be informed about the vaccine. In addition to the consent form, a letter from each resident's GP was included and took into account each resident's health history to ensure their eligibility and safety for the vaccine.

There was appropriate signage in the centre advising of COVID-19 precautions. Social stories had been developed to support residents to understand the illness and to stay safe, and educate on measures required if their housemates became ill.

Regular house meetings discussed the pandemic to ensure that the residents remained assured, had any questions answered, and supported them to understand the most recent national directives on staying safe.

The inspector observed staff facilitated a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Where appropriate, and to ensure that the dignity of each resident was promoted, residents' personal plans provided comprehensive detail on how to support each resident with their personal and intimate care needs. Residents privacy was promoted, residents' plans clearly guided staff on their wishes around privacy. For example, one resident's plan clearly noted that their wish was for staff to knock, call out their name and wait for a response before entering.

Residents were supported to exercise choice and be involved in decisions about their care and support. One of the residents living in the centre had plans in place to move from their campus based home to a home in the community. The resident was supported with a robust transition plan which included a planned timeline to support the resident visit the house, have their family members visit the house and get to know their local community. There was a delay in the move due to a number of unexpected personal events that occurred in the resident's life. This had been taken into consideration and the move had been postponed with a more appropriate timeline to ensure the experience of the move was positive and in line with the resident's wishes.

Over the past year there had been some compatibility issues in two of the houses however, the implementation of safeguarding plans, alongside employing regular staff who were familiar with the residents' needs, had seen a reduction in behavioural incidents and a reduction in compatibility issues between residents. On visiting the houses, the inspectors observed that residents appeared content and relaxed in the company of each other. On one occasion the inspector observed a resident become upset and appeared uncomfortable in their environment. Staff swiftly engaged with the resident and in a caring and respectful manner, supported the resident leave the room and go for a walk outside. On return from the walk the resident appeared relaxed and content and was happy to return to the room with the other resident.

Due to COVID-19 restrictions residents were currently not attending their day service but instead were part-taking in a daily programme that provided person-centred support which was tailored to meet each resident's individual need, promote community inclusion and independence. The organisation had set up a social media page which provided residents with ways to participate in activities with other residents via live video link. Social activities such as chair yoga, music sessions and bingo were made available to the residents. There were also competitions included on the social media page and residents in one of the houses, with the support of their staff, informed the inspector that they had won a cake baking competition. The inspector observed the residents to smile and appear happy about their achievement.

In addition to an on-site canteen, residents had the choice to make food in their own kitchens or to order food from their local take-away restaurant if they so wished. The inspector reviewed a number of menus from the on-site canteen and from the residents' houses and saw that there were ample choice of nutritional and healthy food options. On review of residents' meetings minutes the inspectors saw that residents regularly complimented the food choices available to them. Furthermore, on speaking with residents, they informed the inspectors that they were very happy with the meals provided to them and that they particularly enjoyed having treats such as take-away meals.

In summary, the inspectors found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

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 living in the centre.

Capacity and capability

The inspectors 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. The inspector found that since the last inspection a number of improvements had been made which resulted in positive outcomes for the residents. However, to fully ensure the delivery of a safe and quality service, the inspectors found that some improvements were warranted to the areas of staffing and the organisation's policies and procedures.

A site visit for a new premises added to this centre had been completed in January 2020 however, a risk-based inspection was required as there had been no inspection carried out for the entire centre since May 2018.

The inspectors found that there were satisfactory levels of governance and management in place in this centre. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of each resident and this was demonstrated through good-quality safe care and support.

There was a defined management structure in place in the designated centre, and inspectors found that the provider had clear contingency arrangements for who would deputise in the event that key management personnel were required to self-

isolate in the case of an outbreak of COVID-19. The provider also had arrangements for where staffing resources would be attained in the event of staff depletion during an outbreak.

The inspectors reviewed detailed meeting minutes of the outbreak control team established for the designated centres on this site, which oversaw the current status of the COVID-19 risks in the services, possible or actual cases identified, the health status of residents, and the dates scheduled for testing of residents and staff. This team met most days and consisted of representatives from all aspects of the service.

In light of the pressures caused by the pandemic, the provider had continued with quality improvement audits of the service and delivery of support to residents. Routine audits of aspects of resident support including finances and medication records had continued, and where discrepancies or omissions were detected, these were rectified. The provider had also conducted regular audits of all residents' personal plans and objectives to ensure that aspects of daily life such as recreational and social opportunities, and personal goal development, continued to be planned and discussed between residents and staff. Through these the provider sought assurance that residents' social engagements, routines and support was maintained and adapted in light of the social restrictions. Where the provider identified areas on need of improvement or development, such as brainstorming alternatives to quality activities alternative to those affected by restrictions, actions were identified with timeframes and responsible persons.

The inspectors were provided with the centre's annual review of the quality and safety of the service, which identified the primary achievements of the service and the objectives for the year ahead. The review referenced the systems in place in the designated centre to ensure that the views and feedback of residents and their representatives were gathered and analysed.

The provider had conducted a support needs assessment to determine the quantity and skill-mix of staff personnel in each house. This had been determined based on the suspension of day services, the increased time residents spent in their respective houses and the times of the day in which some residents required individualised support from designated staff members. This staff allocation for each house was outlined in the statement of purpose, and inspectors reviewed staffing rosters which indicated that these numbers and times were being followed. The core staff in each house were supplemented each day by a mix of redeployed personnel from day services, personnel from the relief panel for the service, and agency staff. The provider had made efforts to ensure that where staff were allocated from other services, the same few people were assigned to the same houses to ensure continuity of care and reduce the risk of contact transmission of COVID-19.

Staffing rosters for each house clearly identified the times works by each person and from where staff were deployed. Minor improvement was required to the houses' rosters to clearly record when the person in charge was present in the houses.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and

effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that a substantial number of policies and procedures had not been reviewed in line with the regulatory requirement. As such the register provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service. Post inspection, the provider submitted a plan for the review and implementation of outstanding policies and procedures however, timelines had not been included.

Regulation 15: Staffing

Inspectors reviewed rosters which indicated that the number and skill mix of staffing resources as assessed for each house was being met between regular core staff and personnel redeployed from elsewhere. The rosters required review, however, to ensure they accurately reflected when the person in charge was present in each of the five houses.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider maintained a good level of oversight of the operation of the designated centre. A schedule of auditing took place in the centre to monitor the quality and safety of the service, and where areas in need of improvement were identified, they were assigned actions with designed people and timeframes by which they were to be addressed.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications relating to restrictive practices and non-serious injuries were being submitted to HIQA as per the regulatory requirement.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all of the centre's Schedule 5 policies and procedures were reviewed within the required three years. Post inspection, the provider submitted a plan for review and implementation of the outstanding policies however, the plan did not include timelines or completion dates.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, the inspectors found that some improvements were required to the area of healthcare, to ensure that all residents were provided with timely multidisciplinary reviews.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. A sample of residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). The person in charge was proactive in referring residents to healthcare professionals when required. The designated centre provided a range of specialised supports to residents. Access to these supports was through an assessment and referral process utilising a multidisciplinary clinical support team (MDT). On review of the residents' care plans, the inspectors found that multidisciplinary review meetings, which had been planned for November 2020, had not taken place. However, on the day of inspection, the person in charge advised the inspectors that there were plans in place to reschedule the reviews for March 2021, and if there was changes to residents' assessed needs, access to members of the MDT was arranged .

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. On review of documentation and during conversations with residents and staff, the inspectors were informed about the choice of food, beverage and snacks offered to residents and saw that it was varied, nutritious and in line with each resident's likes and tastes. Residents were also supported to engage in activities to keep fit such as going for walks, chair yoga and dancing.

There was an up-to-date safeguarding policy in the centre and it was made available

for staff to review. Inspectors reviewed detailed incident records of adverse events in the centre and found them to be detailed in the immediate actions taken to keep residents safe, refer people to acute services for review and contact the relevant parties in the event of safeguarding concerns. For minor incidents, accidents and injuries, the provider collated and analysed events each quarter to identify common trends and recurrent incidents.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The provider maintained a risk register for the designated centre which identified the active risks in each house and the respective measures in place to mitigate the impact of same. In response to the risk of both the global COVID-19 pandemic and the associated social restrictions, the provider had a detailed and centre-specific response plan for how the risk would be managed in these houses. An individual risk analysis had been conducted for each resident to identify residents who would not be able to effectively follow social distancing practice, or residents who would be adversely affected by the interruption of their usual routine. The provider had identified a house on the same site as this designated centre which would be used in the event that a resident contracted COVID-19 to support them to isolate from their peers with specific staff members joining them.

Inspectors briefly entered two of the residents' houses and found them to be clean, well-maintained and equipped with personal protective equipment (PPE) and hand sanitising supplies. The inspectors found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Staff were following good practice on hand hygiene and use of PPE, and were diligently self-monitoring for symptoms and elevated temperatures through the day. Each house had a member of domestic staff allocated and a cleaning schedule which was filled and signed to ensure frequently used surfaces such as handles and light switches were included in general environmental cleaning.

Staff and residents were being tested for COVID-19 regularly and as required, and staff in the designated centre were trained to conduct swab-testing. Inspectors reviewed training records which indicated that staff had participated in training sessions on correct use of PPE, hand hygiene practices, and how to break the chain of infection during the pandemic. Training had also been provided specific training in assessing and recognising COVID-19 symptoms among people with intellectual disabilities. Staff who spoke with the inspectors demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

Regulation 26: Risk management procedures

The provider kept detailed records of adverse incidents occurring in the designated

centre and what actions and referrals took place in response to these.

The provider maintained a centre-specific risk register which identified relevant risk and put measures in place to mitigate their impact on the centre and the delivery of resident care and support.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had suitable measures in place to mitigate the risk of COVID-19. The premises were clean and suitably equipped for infection control measures.

Staff had attended training in infection control practices and were following procedures related to hand hygiene, social distancing and use of personal protective equipment.

Residents were supported to understand the pandemic and the ways in which they could stay safe, as well as measures that may have to be taken if they or their peers become ill and need to isolate. A suitable location had been identified for temporarily accommodating residents who could not effectively practice social distancing.

Judgment: Compliant

Regulation 6: Health care

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents assessed needs and required supports. However, on review of the residents' care plans, the inspectors found that residents' multidisciplinary review meetings, which had been planned for November 2020, had not taken place.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed. The person in charge carried out regular audits of residents' finances to ensure that the systems in place to keep residents' money

safe, was effective.
Judgment: Compliant
Regulation 9: Residents' rights
<p>The inspectors observed there to be many examples of where the residents' rights were promoted. Residents were consulted in the running of the centre and in decision making through resident quarterly house meetings and through systems in place that ensured the views and feedback of residents and their representatives were gathered and analysed. Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect. Residents were provided with a variety of choice around activities, meals and the environment they lived in. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. Where appropriate, residents families were encouraged to be involved in, and advocate for, the care and support provided to their family members. There was an advocacy steering group within the organisation which included committees that were made up of resident representatives.</p>
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	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 2 - Cheeverstown House Residential Services (Active Age) OSV-0004925

Inspection ID: MON-0029119

Date of inspection: 28/01/2021

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: The PIC in collaboration with the IT department will ensure the roster of the person in Charge indicates when they are present in each location.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Cheeverstown will ensure all Schedule 5 policies currently under review will be completed. All policies will have a review at least every three years or earlier if required.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Each resident will have access to a timely multidisciplinary review when needed and at least on an annual basis.	



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(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	07/05/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	07/05/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having	Substantially Compliant	Yellow	02/04/2021

	regard to that resident's personal plan.			
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