



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

Issued by the Chief Inspector

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| Name of designated centre: | OCS-KH |
| Name of provider: | Avista CLG |
| Address of centre: | Dublin 7 |
| Type of inspection: | Announced |
| Date of inspection: | 16 February 2022 |
| Centre ID: | OSV-0005338 |
| Fieldwork ID: | MON-0027794 |

About the designated centre

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

Keena house is a residential service in Co. Dublin which provides a home for up to 3 young people with an intellectual disability. The premises consists of two sections, the main house which accommodates two children and a ground floor apartment suitable for one adult resident. Each bedroom has an ensuite bathroom and there are kitchens, dining facilities, and a number of multifunctional sitting/play rooms. There is a large back garden which has been divided into sections with different areas in line with the young peoples' interests and wishes. These areas include a trampoline area, a greenhouse and gardening area, an exercise area with equipment, and a seating area. There is a vehicle in the centre to support the young people to engage in activities of their choosing in the community. The young people are supported 24 hours a day 7 days a week by a staff team comprising of a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 |
|-------------------------------|-------------------------|--------------|------|
| Wednesday 16 February 2022 | 10:30hrs to 18:00hrs | Sarah Cronin | Lead |

What residents told us and what inspectors observed

This was an announced inspection which took place in order to inform a decision about renewal of registration of the designated centre. From observations of the residents, speaking with staff and reviewing documentation, it was evident that residents were happy, safe and well supported in their home. They received person-centred active support by a competent and caring team of staff. The inspection found there to be high levels of compliance with most of the regulations. However, improvements were required in fire safety procedures to ensure the safety of all residents in the event of a fire.

The centre is a large two-storey house located on a busy road in Dublin. It consists of two sections; the main house which accommodates two children, and a ground floor apartment suitable for one adult resident. Each bedroom has an en suite bathroom and there are two kitchens, dining facilities, and a number of multifunctional sitting/play rooms. There is a large back garden which has been divided into sections with different areas in line with the young peoples' interests and wishes. These areas include a trampoline area, a greenhouse and gardening area, an exercise area with equipment, and a seating area. There is a vehicle in the centre to support the young people to engage in activities of their choosing in the community.

Residents in the centre had complex behavioural and communication support needs and required a low arousal environment. The inspector had the opportunity to meet each of the three residents on the day of the inspection. On arrival, one of the residents was sitting finishing their breakfast with staff. They briefly glanced at the inspector and closed the door to indicate their wish to continue with their activity. The resident was noted to be content and went out with staff later in the morning. The inspector briefly met them again in the afternoon as they were in the kitchen with staff. They appeared to be happy and comfortable.

The second resident returned from school in the afternoon and the inspector briefly met them as they relaxed in their bedroom. The resident approached the inspector and said hello and was noted to admire themselves in the mirror. The resident was watching their tablet. Their bedroom had photographs on the wall, children's books throughout and their artwork was displayed. After a short time, the resident indicated his wish to return to his activity and said goodbye to the inspector. The inspector met the third resident upon their return from their day service later in the afternoon. They were smiling and content listening to their music. They had birthday balloons in their sitting room which staff reported they enjoyed. There were a number of photographs on the wall of the resident on holidays. The resident indicated their wish for a snack to staff by going into the kitchen and opening the cupboard. The staff member with them was noted to be responsive to their communication. They spoke about the types of music the resident enjoyed and put some music on for the resident as they relaxed after their day.

Staff in the centre were working to enable residents to develop their independence in line with their interests. While it was found that there were a high level of restrictions in place, the staff were working with support from the multidisciplinary team to reduce these restrictions. Staff spoke about one resident who historically had high levels of environmental restrictions in place was now supported to live without many of these environmental restrictions and a much reduced staff ratio. They had free access to all areas of their home including the kitchen and were now doing some jobs with staff. They had been supported to go out for a meal with their family in a restaurant recently which had been a significant achievement and positive development for them.

It was evident that staff in the centre were endeavouring to use a total communication approach with residents to best support their understanding and their expressive communication. Residents in this house communicated using a combination of speech, Lámh signs and benefitted from use of visual supports to inform them of the structure of different days or activities. Social stories were regularly used to support residents' understanding of different events. At times, residents used behaviour as a way of communicating and staff were knowledgeable about supporting each resident in line with their assessed needs. Staff told the inspector about the need to know residents well and the need to 'read' their facial expressions and body language at all times to interpret how the resident was feeling and to respond appropriately. There were visual supports on the walls and in the office, the inspector noted that staff had gone to significant effort to develop a large bank of pictures of the residents' preferred activities and places. These were stored in labelled drawers and were ready to be used as required with the residents. Interactions throughout the day were noted to be clear, responsive and in line with residents' needs. Weekly meetings took place with residents were menu planning and activity planning was discussed. These meetings were recorded and noted residents' engagement and /or interest in the meetings.

Questionnaires about the residents' experience of living in the centre were sent out to the person in charge in advance of the inspection. The questionnaire seeks feedback on a number of areas such as the living environment, food, staff support, rights and complaints. Two of the residents were supported to complete the questionnaire and a family member completed the third on their family member's behalf. Feedback was positive in these questionnaires. Residents were reported to enjoy a range of activities such as listening to music, engaging with sensory toys, doing art, gardening, watching television and playing video games and riding their bike. One of the residents drew a picture of their centre and of an activity they enjoyed. A family member stated that " the staff are very supportive and caring". Another said that the staff were "exceptional and look after the resident so well". Staff spoke about the residents and their rights to choose their daily routines, with one staff stating that " The residents write the script for the day and we follow".

In summary, this was a positive inspection which found residents to be living in an environment which was well suited to their needs. There was a culture of positive risk taking in order to reduce restrictions that were in place. The next two sections of the report will present the findings in relation to governance and management arrangements and how they impacted on the quality and safety of the service being

delivered.

Capacity and capability

The provider had good management systems and processes in place to ensure that the residents in the centre were receiving a safe and good quality service. There was a clear management structure which outlined roles and responsibilities. There were emergency governance arrangements in place to support staff. Since the last inspection, the provider had carried out an annual review , with consultation with residents and family member. Six monthly unannounced visits by the provider had also taken place in line with the regulations.

A number of other audits and checks were completed regularly, with an audit calendar in place. Weekly checks took place on health and safety, medication and fire while monthly checks took place on areas such as incident and accident reports. The provider also carried out an audit called 'quality care metrics' which identified areas in relation to the quality of care of the young people. There was evidence that actions were taken to address issues identified in these audits. The person in charge had a number of systems in place to ensure the centre was appropriately managed. Staff meetings were held once a month and had a standing agenda in place which included safeguarding, policy updates, risk management and actions arising from audits.

The person in charge was suitably qualified and experienced for their role. They worked full- time and were based on site. The person in charge had worked in the centre with the residents for a number of years and had significant knowledge of their care and support needs. It was evident that residents were very comfortable in their company.

The inspector found that the centre was well resourced to meet the needs of the residents. There was a minimum of a one- to-one ratio of staff by day and two staff at night for the three residents. This ensured each residents' needs were met safely. Since the last inspection, one vacancy had been filled and another remained vacant. The provider was actively recruiting for this post but reported difficulty in doing so. On review of the rosters, it was evident that two permanent agency staff were used to fill any vacant shifts. These staff members had been in the centre over the past two years and were reported to have developed a good rapport with the residents. Having familiar staff on duty was essential to ensure the residents were safe and content in their home.

The inspector viewed the staff training matrix and found that most staff had completed mandatory training in areas such as fire safety, safeguarding, manual handling and supporting residents with behaviours of concern. Where staff required refresher training sessions, these had been booked. The person in charge had done a training needs analysis in other areas such as autism awareness and Lámh. They were in the process of sourcing appropriate courses for staff. Staff supervision was

undertaken on a quarterly basis and there was a schedule in place. Performance management conversations were carried out annually. Staff reported feeling well supported in their roles and told the inspector that they valued supervision sessions.

The provider had prepared a Statement of Purpose in line with Schedule 1 of the regulations. This was regularly reviewed and was reflective of the service being provided on the day of the inspection. On review of incidents which had taken place, the inspector found that one safeguarding incident had not been notified to the Office of the Chief Inspector in line with regulatory requirements.

Regulation 14: Persons in charge

The provider had appointed a person in charge who was suitably experienced and qualified for their role. They worked full-time and were based in the centre. They had in depth knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The centre was well resourced with a good staff ratio to ensure residents' needs were well met. There remained one vacancy on the day of the inspection. However, in spite of this, residents were found to be in receipt of care from familiar and regular staff. Planned and actual rosters indicated that where they were required, two permanent agency staff were used to fill any vacant shifts.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training matrix indicated that all staff had completed mandatory training in areas such as fire safety, safeguarding and managing behaviours of concern. A training needs analysis had been carried out in order to further develop staff knowledge and skills in areas relating to residents' care. Suitable arrangements were in place for staff supervision.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good management systems and processes in place to ensure that the residents in the centre were receiving a safe and good quality service. There was a clear management structure which outlined roles and responsibilities. There were emergency governance arrangements in place to support staff. Since the last inspection, the provider had carried out an annual review , with consultation with residents and family member. Six monthly unannounced visits by the provider had also taken place in line with the regulations. There were appropriate supervision and performance management arrangements in place for staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all items required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was not given written notice of one incident that was required by the regulations.

Judgment: Not compliant

Quality and safety

The residents in the centre were found to have a good quality of life and staff were endeavouring to develop their skills and their independence. They lived in a home which was adapted to their needs and were supported by a stable and familiar staff team.

Each resident had an annual review carried out and there were corresponding care plans or action plans in place. Person centred plans were also in place for residents and these were reviewed regularly. Residents were found to be supported to have good health. They had input from a number of health and social care professionals

such as occupational therapy, psychology, behaviour support, dietetics, speech and language therapy, social work and psychiatry. The inspector found some plans difficult to navigate, with some of the care plans dating back to 2019. There were additional care plans which were more recent but it was unclear which were to guide staff practice in line with their current presentation. These gaps were not found to be posing a significant risk for residents due to there being a stable and familiar team in place.

Residents had positive behaviour support plans in place which were regularly reviewed. These were detailed and included a traffic light system for residents' mood and clear guidance on how staff should respond. Monitoring residents mood was linked to the need for restrictive practices and to reduce these practices when safe to do so. The provider had a restrictive practice group and had engaged an external consultant to sit on the group to review processes using a human rights based approach. For each of the residents, an assessment had been done on the impact that restrictive practices had on their human rights. It was clear that there was a focus on reducing restrictions and documentation indicated that these reductions were regularly reviewed. There were protocols in place in relation to PRN medication. Quarterly reviews of restrictive practices took place with input from a multidisciplinary team.

The centre had good systems in place to protect residents from abuse. Staff were trained in how to identify and report any safeguarding concerns. Staff were clear on how to report any concerns or incidents they may have. There were clear protocols in place in relation to personal and intimate care which promoted each residents' independence and right to privacy.

All of the residents presented with complex communication needs and used a range of ways to communicate such as vocalisations, body language, eye contact, some signs and facial expressions. This required staff to know residents and their unique communication methods well. Residents communicated using a combination of speech, Lámh signs and benefitted from use of visual supports to inform them of the structure of different days or activities and used social stories to support their understanding of different events. There were visual supports on the walls and in the office, the inspector noted that staff had gone to significant effort to develop a large bank of pictures of the residents' preferred activities and places. These were stored in labelled drawers and were ready to be used as required with the residents. Interactions throughout the day were noted to be clear, responsive and in line with residents' needs.

On the whole, the premises was found to be clean and in a good state of repair. Each resident had adequate space to engage in activities of their choice and a garden space to the rear of the property. There was ample space for residents to have visitors. All residents had an en suite bathroom. For one resident, they required a larger bed and bedroom and this had been requested by a family member. There were plans in place to achieve this. Bedrooms were decorated in line with residents' interests and support needs. The inspector was informed that due to the activity levels and support needs of residents, it was difficult to keep the centre in a good state of repair at all times. For example, in two of the bathrooms, stains

were noted on the floors. These floors had been replaced weeks prior to the inspection. This was an ongoing challenge and was reflected in a risk assessment for the centre. The person in charge requested maintenance as required. Regular deep cleaning took place. In addition to this, the person participating in management of the centre did a premises audit each quarter.

The provider had good risk management procedures in place. There were systems in place to identify, assess and mitigate against risk for the residents and at centre level. The risk register was regularly reviewed and included risks relating to COVID-19. There was evidence of learning from adverse events and these were reviewed by management once a month and shared with staff at staff meetings.

The provider had ensured a number of infection prevention and control measures were in place in the centre. At provider level, there was a COVID-19 response team. Staff had received additional training in a number of areas such as infection prevention and control, terminal cleaning, use of PPE and managing suspected or positive cases of COVID-19. On arrival to the centre the inspector noted there to be appropriate measures in place for visitors such as a temperature check, a visitors book and a hand sanitising station. It was evident that a significant amount of work had been done to support residents to receive their COVID-19 vaccine. A number of infection prevention and control audits took place and were actioned appropriately. As previously mentioned, the upkeep of premises was a challenge and on the day of inspection there were two stains noted in two of the bathrooms on flooring which had recently been replaced. This was under constant review and the provider was aware this was a risk in relation to infection prevention and control.

The provider had detection and containment measures in place to control fire. On the day of the inspection two fire doors were damaged and were due to be replaced. There was fire fighting equipment on site and these were serviced. Daily, weekly and monthly inspections of fire equipment took place. Each resident had a personal emergency evacuation plan and these were regularly updated. There were 'grab bags' in a number of locations in the centre to support safe evacuation. Fire drills took place on a regular basis and were well documented. However, it was noted that staff were experiencing significant difficulty with supporting one resident to evacuate safely at night time. The person in charge had been in correspondence with relevant managers and the fire service on how best to proceed and support the resident. A number of different devices had been trialled with the resident which had led to further distress. A meeting had taken place with senior management in the weeks prior to inspection and since that time, two night time drills were done using a different approach. These were both successful and were due to be reviewed. However, there remained a lack of clarity for staff on how to manage in the event the resident would not evacuate the building. Due to this, the inspector was not assured that safe evacuation of the resident would be achieved by all staff should this situation occur.

Regulation 10: Communication

Residents used a number of different methods of communication and required a total communication environment. Staff were aware of how best to support each residents' communication needs and the inspector noted a range of different methods of communication in use such as speech, Lámh and visual supports.

Judgment: Compliant

Regulation 17: Premises

The premises was largely in a good state of repair and met the assessed needs of the residents. There was a risk assessment in place in relation to the upkeep of the centre and required actions were taken where maintenance was required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good risk management procedures in place. There were systems in place to identify, assess and mitigate against risk for the residents and at centre level. The risk register was regularly reviewed and included risks relating to COVID-19. There was evidence of learning from adverse events and these were reviewed by management once a month and shared with staff at staff meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate systems in place to mitigate against the risk of infection including staff training, regular deep cleaning, temperature checks and supporting staff and residents to have up to date information on COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had detection and containment measures in place to control fire. On the day of the inspection two fire doors were damaged and were due to be

replaced. There was fire fighting equipment on site and these were serviced. Daily, weekly and monthly inspections of fire equipment took place. Each resident had a personal emergency evacuation plan and these were regularly updated. There were 'grab bags' in a number of locations in the centre to support safe evacuation. Fire drills took place on a regular basis and were well documented. However, it was noted that staff were experiencing significant difficulty with supporting one resident to evacuate safely at night time. The person in charge had been in correspondence with relevant managers and the fire service on how best to proceed and support the resident. A number of different devices had been trialled with the resident which had led to further distress. A meeting had taken place with senior management in the weeks prior to inspection and since that time, two night time drills were done using a different approach. These were both successful and were due to be reviewed. However, there remained a lack of clarity for staff on how to manage in the event the resident would not evacuate the building. Due to this, the inspector was not assured that safe evacuation of the resident would be achieved by all staff should this situation occur.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had an annual review and from there, health action plans and an 'all about me' plan was developed. On review of files, the inspector noted there to be some out of date information to guide practice which was not reflective of the young person's current needs and presentation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were found to be supported to have good health. They had input from a number of health and social care professionals such as occupational therapy, psychology, behaviour support, dietetics, speech and language therapy, social work and psychiatry.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place which were regularly

reviewed. These were detailed and included a traffic light system for residents' mood and clear guidance on how staff should respond. Monitoring residents mood was linked to the need for restrictive practices and to take positive risks to reduce these practices where it was possible and safe to do so. It was clear that there was a focus on reducing restrictions and documentation indicated that these reductions were regularly reviewed. There were protocols in place in relation to PRN medication. Quarterly reviews of restrictive practices took place with input from a multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The centre had good systems in place to protect residents from abuse. Staff were trained in how to identify and report any safeguarding concerns. Staff were clear on how to report any concerns or incidents they may have. There were clear protocols in place in relation to personal and intimate care which promoted each residents' independence and right to privacy.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | 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 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for OCS-KH OSV-0005338

Inspection ID: MON-0027794

Date of inspection: 16/02/2022

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 31: Notification of incidents | Not Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifiable incidents will be notified to HIQA within the specified timeframe. | |
| Regulation 28: Fire precautions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Trials have occurred with soundless evacuations and have been successful. Meeting held with director of logistics on 14-03-2022 where it was agreed that a new soundless system would be installed within OCS-KH, awaiting director of logistics to arrange same. It was agreed by the service that staff were to accompany one resident "for as long as it was safe to do so", fire evacuation plans and PEEPS amended to reflect same. | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Out of date documentation removed from individual plans and updated version now in place. | |

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 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 | 14/03/2022 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 14/03/2022 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working | Not Compliant | Orange | 16/02/2022 |

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|------------------|--|-------------------------|--------|------------|
| | days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | | | |
| Regulation 05(8) | The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6). | Substantially Compliant | Yellow | 17/02/2022 |