



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 12
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	26 April 2021
Centre ID:	OSV-0005849
Fieldwork ID:	MON-0032241

## About the designated centre

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

This designated centre is a wheelchair accessible bungalow located on the Stewarts' Care Campus in Dublin 20. It is intended to provide long-stay residential support for up to seven men and women with complex support needs. Each resident has their own private bedroom, and use of a communal living room, sun room, dining room and bathrooms. Nursing supports are available within the designated centre and the centre is staffed with staff nurses, care staff and one whole-time-equivalent activities staff. These staff are managed by a person in charge. Residents' day services are ran through an activities programme which operates from the home on a seven days a week basis. This is facilitated by the care staff in the home. Transport available to the centre is limited and is organised, on a request basis, through a transport manager from within the organisation. This designated centre does not accommodate emergency admissions. Referrals for admission to this designated centre are only accepted for residents already living in Stewarts Care Adult Services campus.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Monday 26 April 2021	10:00hrs to 16:00hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

In line with public health guidance, the inspector did not spend extended periods of time with residents. However, the inspector met seven residents who lived in the designated centre during the inspection, and spent time in the garden with three residents and staff members, being cognisant of public health guidelines; maintaining physical distance, wearing appropriate personal protective equipment (PPE) and engaging in frequent hand hygiene.

The inspector also reviewed recent feedback from one resident and two family members that had been completed during the last annual review and found that those residents and families were satisfied with the services being offered.

The inspector spent time in the garden, and saw a resident lying outside, enjoying the feel of the grass in the sunshine, and another resident sitting under the sun parasol with staff. Some residents were outside of the centre exercising, and returned to the centre to sit in the garden and told staff that they had enjoyed their walk. The garden had outdoor furniture and seating, a barbecue for summer meals and trees with bird feeders. Some residents had tricycles stored in the garden for when they wished to go out for a cycle.

Other residents were in the living room, listening to and watching the television. The living room had a new floor rug, and soft furnishings such as cushions and throws, which made it appear more homely. There were photographs on the wall of residents enjoying different activities and visiting places of interest.

There was a bright sun-room where some residents spent time to have their meals, or engage in other activities. The smaller dining room had been set up with individual tables and chairs, depending on residents' needs and wishes. Some areas of the centre required painting and decorating. For example, to cover exposed plaster on walls.

Residents each had their own bedrooms, with wardrobes and space for their personal belongings. Some bedrooms were uniquely decorated, and had photographs and objects of importance on display. Some wardrobe doors required replacing due to the covers peeling off and the person in charge had requested this.

The bathroom had been painted, and some mirrors and decorative plants added to enhance the room. Some residents used this bath, however further improvements were still required. The toilet facilities consisted of three cubicles and wash hand basins. This space was also used for the storage of wheelchairs and a shower trolley when not in use.

The shower room now had a tracking hoist in place which was installed in April, to support residents who required this, and a resident's bedroom also now had a

tracking hoist to support their manual handling.

Staff supported residents in a kind and warm manner and responded to their individual communication styles. Residents appeared content and relaxed spending time with staff in their home and garden.

The inspector reviewed documents such as incident records and daily notes and saw that while the national restrictions had limited residents opportunities, residents were supported to engage in activities throughout the day to keep them occupied, in line with their choices and interests. For example, going for local walks, doing jigsaws and paper craft, watching horse racing events on television, helping to maintain the garden or using the sensory swing.

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.

## Capacity and capability

This inspection found that the provider had improved their capacity and capability to deliver a good quality service, through a stable management structure and enhanced monitoring systems. However, the provider had not demonstrated that they were adequately resourced to ensure the staffing levels, the premises and facilities available were best meeting residents' needs.

The designated centre was registered in January 2020, with a fourth restrictive condition placed on the registration outlining that the provider must implement the specific actions within the compliance plan response of the inspection of 09 October 2019. This inspection was to follow up on the actions the provider had taken.

For the most part, this inspection found an improved capacity and capability of the provider and person in charge to operate the centre in a manner that was positively impacting on residents' lived experience. While the majority of actions identified in the previous compliance plan had been acted upon, some had not. Most notably in relation to the upgrading of the premises and staffing at night-time. Some of the actions taken by the provider since the last inspection, had brought about improvements. However, the impact of COVID-19 pandemic on residents and the services provided had resulted in some barriers to further improvements.

The provider had arranged for an annual review of the designated centre for 2020, which assessed the centre in line with the Standards. This annual review included the views of residents and relatives, and resulted in an action plan of recommendations. Feedback reviewed from residents and their representatives showed they were satisfied with the services being offered to them. The provider had also carried out unannounced visits to the designated centre which assessed the

care support in line with the regulations on a six monthly basis. While the provider had put these monitoring systems in place and they effectively self-identified issues, the provider did not demonstrate that they had the resources to address particular issues that required investment. For example, upgrading of premises and decorating.

The provider had appointed a new person in charge in February 2021 who met the requirements of the regulations. For example, their role was full-time, they were suitably skilled and experienced and held responsibility for this one designated centre. The provider had a clear management structure in place in the designated centre, with the person in charge reporting to a programme manager, who reported to the Acting Director of Care. There were structures for escalation and information to inform the provider of the care and support about the designated centre. The person in charge had local systems in place to oversee all actions from audits, reviews and inspections and to ensure areas within her regulatory responsibility were being monitored. For example, local audits in assessments and plans, medication management and tracking of action plans for improvement.

The staff team consisted of nurses and health care assistants. Since the previous inspection, the staff team had received training in areas such as risk management, key-worker training and managing behaviour that was challenging. While staff had received mandatory training, there were some gaps in refresher training provided for staff, and not all staff had up-to-date training in key areas, most notably when working alone at night-time. For example, training in positive behaviour support.

Staff were seen to be engaging respectfully and warmly with residents, through responding kindly to their requests and speaking of residents in a positive and professional manner. That being said, the number of staff on duty during the night-time required review to ensure it was in line with the needs of residents and their individual nightly routines.

Based on the changing needs of residents, the provider had increased the number of staff on duty each day to one nurse, and four care assistants. This was to ensure the higher support needs of some residents could be safely met. However, a full-time staff role for activities was no longer in place to support activities from the home, as per the written statement of purpose.

There were arrangements in place for the formal and informal supervision of staff by the person in charge.

Residents did not have clear written agreements that outlined the care and support they would receive in the designated centre, nor the cost associated with this. The provider had devised new template documents for these written agreements at the time of the inspection, however they were not yet in place.

Overall, while residents were provided with a safe home and their care and support needs were assessed and planned for, some improvements were required to ensure the provider was adequately resourced to best meet residents' individual and collective needs.

## Regulation 14: Persons in charge

The provider had appointed a new person in charge in February 2021 who met the requirements of the regulations. For example, their role was full-time, they were suitably skilled and experienced.

They held responsibility for one designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The provider had not adequately assessed the staffing number requirements at night-time to ensure the staffing in place was sufficient to meet residents' needs and the night routines of the residents. For example, there were health risks and needs that could occur at night-time, that the provider had not fully considered such as epilepsy care and seizure management, manual handling or one-to-one attention when residents displayed behaviour of concern. Not all staff who worked alone at night-time had the required training to adequately manage these needs without support from other staff members located on campus.

The provider had not ensured the staffing as outlined in the statement of purpose was in place in the designated centre. For example, a whole-time equivalent activities staff member.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

While staff members were provided with routine and refresher training as part of continuous development, not all staff had up-to-date training in key areas required. For example, manual handling training and supporting modified diets.

The provider had not ensured appropriate training for staff members who worked alone, to manage certain health risks and needs in the centre. For example, rescue medicine for epilepsy.

Judgment: Substantially compliant



## Regulation 23: Governance and management

The provider had not ensured that the designated centre was adequately resourced in order to make required improvements as identified through inspections, or self-identified through monitoring tools. For example, to ensure any identified upgrades or amendments to the building were completed, or timely provision of equipment for residents.

Judgment: Not compliant

## Regulation 24: Admissions and contract for the provision of services

Residents and their representatives did not have a written agreement that outlined the services and facilities they would receive in the designated centre, along with any costs or fees associated with this.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The provider and person in charge had ensured any adverse event that was required to be notified to the Office of the Chief inspector had been submitted within the time frame specified.

For example, quarterly notifications and notifications of allegations of safeguarding concerns.

Judgment: Compliant

## Quality and safety

The manner in which the designated centre was managed and operated, was promoting a reasonable quality of life for residents, however improvements were required to ensure timely access to aids and equipment and to ensure the premises were kept in a good state of repair, and could meet the individual and collective needs of residents.

The provider had systems in place to manage the risk of COVID-19 and had implemented infection control practices within the centre. For example, ensuring standard precautions and physical distancing, twice-daily temperature checking and cleaning checklists of high use areas. There was adequate supply of personal protective equipment (PPE). The inspector observed staff wearing face masks throughout the day, with access to hand sanitiser and hand-washing facilities throughout the premises.

Family members were encouraged to come for window visits with residents, throughout the previous year and in line with guidance policies for visitors at times of restrictions. Residents were encouraged to use the telephone and video calls to keep in contact with their family and friends, however this was not always suitable.

The national restrictions had impacted residents' daily routines over the previous year, and limited their choice and control over their activities and community engagement. The person in charge and staff team were offering residents opportunities to participate in meaningful activities in line with their interests that could be completed within the limitations of national restrictions. For example, going for drives, getting out for walks or cycles in the local greenery, watching movies or sporting events on television and getting involved in household or garden chores. Residents had taken part in an Easter egg hunt on campus over the Easter holidays, and enjoyed spending time in the garden area and grounds of the campus. There were improvements in the assessment of and planning for residents' personal and social needs since the previous inspection. For example, a resident was being supported to get a virtual reality headset to help with mindfulness, and other residents were working on goals to increase their social interactions in the community with family when the restrictions eased.

This designated centre was a bungalow consisting of seven individual bedrooms for residents, a shower room, bathroom, toilets, living room, sun room, dining room, kitchen and areas for storage and laundry. There was a nice garden at the side of the building with a patio area and garden furniture, and residents were seen enjoying this space during the inspection. Some improvements had been made to the designated centre since the previous inspection to make it more homely and comfortable. For example, there were soft furnishings such as rugs, cushions and throws, some of the living room furniture had been replaced, the bathroom had been painted and had some mirrors and plants to improve its appearance. The person in charge had further plans to create a window seat where residents enjoyed sitting and had requested further maintenance jobs on wardrobes and painting in parts of the building.

While there had been some improvements, there were outstanding repair and upgrade works that were in need of address. For example, the replacement of the living room flooring, general painting and completion of a sensory room for residents' use. The provider had recently installed tracking hoist systems in a bedroom and shower room of the designated centre, however there had been a period of time when this was not available and this was a barrier to all residents using the shower facilities and communal spaces within the home.

The person in charge was aware of their responsibility in relation to responding to and reporting safeguarding concerns, and there were clear pathways to report any suspicions or concerns internally and in line with National policy. At the time of the report, the provider had taken appropriate steps to investigate an identified safeguarding concern, and to respond to the risk issues identified. However it was not demonstrated the provider had ensured adequate resources and equipment were available to proactively meet residents' changing needs and promote their safety and rights.

The inspector reviewed a sample of residents' assessments and plans which were maintained online. The inspector found that residents had annual medical reviews, good access to their general practitioner (GP) and to other allied health professionals, as required. The provider had a clinical team available for residents consisting of occupational therapy, physiotherapy, speech and language services and psychology and behaviour support services. Residents who required support with behaviour of concern had written plans demonstrating a knowledge of the cause of behaviour, ideal settings and approach to use to support the person positively. There was clearer information available on individual communication styles of individual residents. For example, knowledge on how they expressed themselves, or their preferred way to receive information. Residents had access to a clinical nurse specialist in behaviour as well as other allied health professionals. The person in charge was promoting a restraint-free environment in the designated centre.

The provider had fire safety systems in place in the designated centre. Residents were encouraged to take part in regular fire drills at different times of the day and night, to ensure a safe evacuation was possible. Each resident had an individual evacuation plan outlining the support they required to leave the centre in the event of an emergency. Staff carried out daily and weekly checks on fire safety measures in the designated centre and any equipment was serviced and checked periodically by a suitably qualified professional.

### Regulation 13: General welfare and development

In the context of COVID-19 restrictions and the impact this had on residents' choice, control and daily activities the person in charge and staff team were offering residents opportunities to participate in activities in line with their interests that could be completed within the limitations of national restrictions.

For example, residents were going for walks a number of times a day in local grounds or nearby parks. Residents were supported to watch horse racing events on television, enjoy the garden area, assist with household chores or tasks.

Judgment: Compliant

## Regulation 17: Premises

The provider had not ensured the designated centre was maintained to a good standard, in good state of repair and decorative works were required. For example, some parts of the designated centre had exposed plaster that required painting, the flooring in the living area required replacement since prior to the previous inspection and the bathroom areas required further enhancement.

Some of the requirements of schedule 6 required improvement. For example, the provider had identified through their response to the previous inspection that a spare room would be adapted as a sensory room for activities. This room was not yet fully completed and needed further improvement in relation to decoration, equipment and adequate ventilation.

There had been a delay in the installation of equipment and aids to support residents with manual handling, in order to ensure all residents could use the showering facilities and communal spaces of the designated centre.

Judgment: Not compliant

## Regulation 27: Protection against infection

The provider had centre-specific plans and control measures in place to manage the risk of COVID-19, which identified the procedures to be followed in the event of staff or residents becoming unwell.

The person in charge had contingency plans for the event of suspected or confirmed cases of COVID-19 including the specific staffing and individual isolation plans required, if this occurred.

There was adequate supplies of personal protective equipment (PPE) for standard precautions, and in the event of an outbreak in the centre, and identified areas for donning and doffing of PPE should this be required.

Staff had completed training in infection prevention and control and hand hygiene, and there was hand sanitiser available throughout the building.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along

with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, fire fighting equipment and fire containment measures in the designated centre. These were routinely checked by staff through daily and weekly checklists, and serviced regularly by a relevant fire professionals.

Fire exits were easily accessible, kept clear, and well sign posted.

Each resident had a personal evacuation plan, outlining the support they would require in the event of an emergency evacuation. Fire drill records carried out at day and night-time indicated quick response times for evacuations.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' health, social and personal needs in the designated centre. There was good oversight and review of documentation relating to residents' needs and information was kept up-to-date.

The provider had not ensured that the arrangements were in place to meet the needs of all residents, as assessed.

Judgment: Substantially compliant

### Regulation 6: Health care

The person in charge had ensured residents' health needs and risks were assessed and planned for.

Residents had access to their General Practitioner (GP) and a range of allied health professionals employed by the provider. For example, speech and language therapy, physiotherapy and psychology services.

Residents had been referred to external health professionals, where required, and supported with appointments and follow-up consultations in relation to their health needs.

The person in charge and staff team had monitoring systems in place, to monitor residents health. For example, diet intake, vital signs and sleep patterns.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There was clear direction and guidance for staff through written positive behaviour support plans, in order to support people positively. Residents and staff had access to services from allied health professionals such as psychology and clinical nurse specialist in behaviour.

Where required, there was recording of incidents and analysis of the cause of behaviour, with input from allied health and social care professionals.

Records reviewed, demonstrated that staff implemented these plans in practice, for example offering residents time in a quieter location, or engaging them in preferred activities. Staff were seen to be communicating with residents in the manner as outlined in their positive behaviour support plans. For example, with a clear short answer.

Judgment: Compliant

## Regulation 8: Protection

The provider had not ensured appropriate resources were made available to meet the assessed needs of residents. The absence of required equipment to support some residents' needs, had resulted in a poor outcomes and led to a safeguarding concern related to neglect, which at the time of inspection was under investigation. While it was demonstrated the provider had taken appropriate steps to investigate the safeguarding concern in a comprehensive manner, and to respond to the risk identified, it was not demonstrated the provider was ensuring adequate resources and equipment were available to meet residents' changing needs and promote their safety and rights.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 12 OSV-0005849

Inspection ID: MON-0032241

Date of inspection: 26/04/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The provider has increased to an appropriate level the staffing to meet the identified needs of the residents of the Designated Centre.            The Registered Provider has also provided training for the staff in the Designated Centre is sufficient to meet residents' needs and also adhere to the routines of the residents.            The Registered Provider will submit if required a business case to the funder for an increase in resources to be made available to meet the assessed and changing needs of the residents.</p>	
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:            The Registered Provider has undertaken to ensure that appropriate training for staff members in the Designated Centre to manage health risks and needs in the centre such as the delivery of rescue medicine for epilepsy or asthma as identified.            This training is facilitated on a monthly basis.</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:  Subsequent to the inspection the identified equipment arrived and duly assessed and tailored accordingly.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  An updated Contract of Care has been distributed to the residents and where appropriate and advocate or representative working on their behalf. This updated contract of care reflects the regulatory requirement and indicates services available and provided and also fees to be charged.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The Registered Provider is addressing the on-going issues of maintenance and to that end has created a Home Improvement team to upgrade property and equipment. This Home improvement team is going to Designated Centres, adhering to relevant guidelines and upgrading or repairing the homes. The Quality Improvement Team will work collaboratively with the Person in Charge.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  The provider has acted to ensure that there are arrangements in place to meet the needs of all residents, as assessed. Where appropriate, a business case will be submitted to the funder for an increase in resources to be made available.</p>	

The transition process has been initiated to complete compatibility assessments for resident/s who may move to other centre/s.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The Registered Provider has worked to ensure the Person in Charge has the appropriate resources made available to them to ensure the Residents changing needs are met. The Registered Provider has also initiated the transition process to support resident/s move to another centre/s.  
The Registered Provider is endeavoring to adhere to the terms of compliance plans submitted to the regulator to reduce the number of residents in the Designated Centre. The Registered Provider will submit if required a business case to the funder for an increase in resources to be made available to meet the assessed and changing needs of the residents.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2021
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	31/10/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/10/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated	Substantially Compliant	Yellow	31/08/2021

	by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	31/08/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/08/2021
Regulation 08(2)	The registered provider shall	Not Compliant	Orange	31/08/2021

	protect residents from all forms of abuse.			
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