



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

## Issued by the Chief Inspector

Name of designated centre:	The Burrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 July 2021
Centre ID:	OSV-0007888
Fieldwork ID:	MON-0033257

## About the designated centre

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

The centre provides residential services for children and young adults aged 10 to 18 years with intellectual disabilities and is located close to a large town. The centre is a bungalow with a kitchen, bathroom, sittingroom and a relaxation room. Each of the residents has their own bedroom, and an outdoor space is equipped with play equipment. The centre is managed by a person in charge, and team leaders and direct support workers provide day to day support and care. Links with community health services and education services are maintained for residents, and additional support is provided by a multidisciplinary team within the service. Residents are supported to participate in the community and avail of amenities and recreational activities, and the centre has it's own transport. Residents are supported to maintain contact with their families and have access to the internet and telephones.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 12 July 2021	10:00hrs to 18:00hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This centre was registered as a new centre in December 2020 and this was the first inspection carried out since it opened. The inspection was conducted during the COVID-19 pandemic and public health guidelines were adhered to during the inspection. A review of documentation was completed in an office and observations of practice were carried out at intervals throughout the inspection.

There were two residents living in the centre. From meeting residents in their home, speaking with staff, and observing some of the interactions between residents and staff, the inspector found residents were enjoying a varied day while being supported to gain new skills and avail of opportunities for new experiences. The inspector also reviewed documentation regarding residents' care and support and found most of the residents' needs were met through personal planning processes. The inspector met with a team leader and one direct support worker. A person in charge of another designated centre facilitated the inspection in the absence of the person in charge.

The inspector briefly met one resident in the morning as they were leaving the centre to go to an activity. Later in the morning the inspector met the other resident, who seemed happy in the centre and appeared to have a good relationship with the staff members. While the inspector was not fully informed of the residents' communication preferences in order to interact with the residents, it was evident that most of the residents' needs were being met in the centre. Specifically the inspector found there was a focus on ensuring residents had a meaningful day and were actively engaged in age appropriate activities in the community. Both residents attended school and were on their summer break on the day of inspection. Staff told the inspector of the importance of ensuring residents had a structure to their day during the summer break, and this was reinforced for residents through the use of picture schedules, where the plan for their day was communicated to them.

As mentioned while most of the residents' needs were found to be met, improvement was required in the provision of healthcare, behavioural support and in residents' rights. This was to ensure practices in the centre did not compromise residents' privacy and to ensure the appropriate assessment, monitoring and review of some residents' healthcare needs and behavioural support requirements.

The centre was found to be comfortable and child friendly, and overall was laid out to meet the needs of the residents. Each of the residents had their own bedroom, and the back garden was equipped with play equipment, which the staff told the inspector the children liked to use. However, there was inadequate dining facilities, and the space in the dining area could not comfortably accommodate the two residents to have their meals together. The centre had its own transport and residents used this a number of times a day to go out to amenities in the community.

For the most part, staff were found to be kind and respectful in their communication with residents; however, the inspector observed that in one situation, effective and respectful communication with a resident was not upheld. This issue was immediately dealt with by the team leader on duty and followed up by a covering person in charge.

Residents were engaged in a range of activities both in the centre and in the community and there had been a focus in developing the residents' self-help, personal, and communication skills since their admission to the centre. For example, learning road safety, enhancing a resident's use of their communication device, preparing simple meals and washing the dishes. Community activities were planned to ensure the trips were both meaningful and child- friendly, for example, trips to a theme park, the beach, nature walks and playgrounds.

Regular contact was maintained with families regarding the care and support of their child. For example, daily phone calls from staff to families, visits to the centre and families were invited to attend quarterly review meetings with the multidisciplinary team and school staff. Families had also be involved in the transition of their child to the centre as part of the overall admission process into the centre. Residents and their families had visited the centre prior to admission and information had been provided on the centre in an accessible format to assist residents with this transition.

The inspector found residents' right to privacy and dignity was not consistently upheld. This related to photographic images being maintained following incidents where residents may have been injured. In addition, this practice was contravening the details set out in residents' written agreements and was not part of the centre's policy on incident management.

The next two sections will describe the governance and management arrangements in the centre and how these arrangements have impacted on the quality of service the residents received.

## Capacity and capability

While the centre was resourced and monitored on an ongoing basis, the provider had not ensured that the services provided were consistently safe and appropriate to residents' needs. Significant improvement was required in the provision of timely and appropriate healthcare and behavioural support, adequate measures for infection control, and to ensure practices were not compromising residents' rights.

There was a clearly defined management structure and a full- time person in charge was employed in the centre. The person in charge was also responsible for another designated centre and was in attendance in this centre two days a week. The person in charge was supported in their role by two team leaders, and by direct support workers. Team leaders were responsible for managing the day to day running of the centre when on duty. The person in charge reported to the director

of childrens' services, who also was a person participating in management.

There was one staff vacancy in the centre and the provider had initiated a recruitment process to fill this position. Three staff were scheduled to be on duty during the day and two staff at night time; however, there were some occasions where only 2 staff were on duty during the day, contrary to the requirements of a risk impact assessment. This had been identified as an factor in a recent safeguarding concern. The inspector reviewed a sample of rosters and found rosters were not appropriately maintained, and it was unclear the actual staff numbers that were on duty on some days.

Audits had been conducted in the centre and included medicine management, workforce, residents' support and healthcare, and governance, and actions arising from the most recent of these audits were either completed or due to be completed in the coming weeks. A six monthly unannounced visit had been completed in February 2021, and from a review of a sample of actions, the inspector found actions had been completed. However, given the number of non-compliances on this inspection, the inspector found monitoring of the services required improvement to ensure effective oversight and provide assurances of safe and appropriate service provision.

Admissions to the centre had been planned and the safety of residents had been assessed and considered in this process. There had been a planned transition process for residents moving into the centre and residents had been provided with a written agreement on admission.

Notifications had been made to the authority on some restrictive practices in use; however, HIQA had not been notified of the use of chemical restraint in the centre.

### Regulation 15: Staffing

While there were sufficient numbers of staff resources allocated to the centre, the number of staff on duty were not consistently provided in line with the needs of residents. There was one staff vacancy in the centre, and the provider had initiated a recruitment process. Rosters were not appropriately maintained and it was unclear the numbers of staff on duty on some days. For example, a staff who worked a night duty was not recorded on the roster and on another occasion, a staff who was not working remained on the roster.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management structure had not ensured the service provided was safe and

appropriate to residents' needs. Practices and services in the centre had been monitored; however, this process required improvement to ensure it incorporated all elements of service provision.

There was a clearly defined management structure and a full-time person in charge was employed in the centre.

Judgment: Not compliant

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

Appropriate procedures had been implemented for the recent admission of residents to the centre, and residents had been provided with a written agreement on admission.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications had not been made to HIQA relating to the use of chemical restraint in the centre.

Judgment: Substantially compliant

## Quality and safety

While resident needs were clearly identified, the care and support provided to residents required improvement to ensure residents' needs were being comprehensively met, and to ensure the rights of residents were upheld. Good practice was identified in assessment of need processes and personal planning, risk management, and in fire safety. However, improvement was required in the provision of healthcare, safeguarding, positive behavioural support, infection control and in residents' rights.

Residents' health care needs had been identified and the care and support required was outlined in personal plans. However, the inspector found a recommended review for a resident with a dietician had not taken place and there was no evidence available to confirm that an appointment had been sought. Similarly, a recommendation for blood monitoring to be completed for a resident had not been



pursued.

Staff were aware of some of the healthcare needs of residents; however, on discussion with staff the inspector found staff were not aware of the reason why a resident was prescribed a medication, the potential side effects of this medicine and the follow up monitoring that is required for the resident. Residents could access the support of a general practitioner and had access to a range of allied healthcare professionals both within the service and in general community services.

An assessment of need had been completed for residents on admission to the centre, and families and residents were involved in the process. Assessments of need were informed by outcomes of allied healthcare professional reviews and incorporated the support required to meet residents needs and goals.

The inspector found residents' rights had not been consistently upheld and the privacy and dignity of residents had been compromised in the follow up procedures to adverse incidents. Specifically, photographs of residents' injuries were maintained along with incident records on computer files, contrary to the details set out in the residents' written agreements, and not in line with the service policy on incident management.

There were systems in place to manage and mitigate risks in the centre, and to keep resident safe. A risk register was maintained and individual risks relating to residents had been assessed. Control measures outlined in risk assessments were implemented in practice, for example, appropriate individualised equipment had been provided on the centre's bus to minimise a specific known risk. Incidents were reported and reviewed regularly, and where necessary follow up actions were implemented.

Residents were supported with their emotional needs and had access to a psychologist and behaviour support specialist. However, some improvement was required to ensure behaviour support plans were reflective of the practice in the centre and to ensure they were updated as required. Restrictive practices were regularly reviewed in line with the centre policy.

There were some measures in place to protect residents and keep them from harm. Staff had been provided with training in safeguarding and were aware of the types of abuse and the actions in response to safeguarding concerns. There had been a number of notifications of allegations of abuse submitted to HIQA prior to the inspection, and most of these concerns had been reported and followed up appropriately. However, in one instance the measures outlined in a safeguarding plan had not been implemented, specifically relating to healthcare issues and to behaviour support approaches, and the inspector observed that a practice contrary to the safeguarding plan was implemented. This was dealt with immediately by the team leader.

The procedures in place relating to infection control required improvement. Residents' temperatures had not been checked twice daily in line with public health guidelines and in some cases, residents' temperatures had not been checked at all during a 24 hour period. Suitable hand sanitising equipment was provided; however,

there was inappropriate access to hand drying facilities throughout the centre. The provider had developed a COVID-19 contingency plan, and staff were observed to wear face masks and to attend to regular cleaning of the centre.

The centre was clean and overall well maintained; however, as previously mentioned there were inadequate dining facilities in the centre. This impacted residents' ability to experience a relaxed and pleasant dining experience. Staff were observed to stand in the kitchen as residents ate a meal at a small dining table. The inspector found this was contrary to social distancing requirements, exposed residents to known triggers around food, and was not conducive to a family like environment.

Suitable fire safety systems were in place and the centre was equipped with a fire alarm, fire doors, fire extinguishers and emergency lighting. Regular timely fire drills had been carried out both during the day at night time. Personal emergency evacuation plans had been developed and there was a fire evacuation plan in place.

### Regulation 17: Premises

The premises was clean and well maintained and suitable outdoor play equipment was provided for the residents. However, adequate dining facilities were not provided, and there was insufficient space to comfortably accommodate the residents for their meals.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place to manage risks in the centre including incident reporting and follow up, and ensuring measures were in place to mitigate identified risks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were some measures in place for the prevention and control of infection; however, adequate hand drying facilities were not provided and temperature monitoring for residents was not carried out in accordance with public health guidelines.

Judgment: Not compliant

### Regulation 28: Fire precautions

Suitable fire safety systems were in place including appropriate equipment, measures to contain fire, and regular fire drills. Residents needs in terms of the support they required to evacuate the centre had been assessed and planned for.

Not all aspects of this regulation were inspected against.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed on admission to the centre and plans were developed to meet residents' support needs and goals. Assessments had included input from multidisciplinary team members and from residents' family members. There were regular reviews of residents' needs and families had been invited to attend review meetings.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs had been identified and resident could access a range of healthcare professionals including a GP, occupational therapist and speech and language therapist. However, some recommended healthcare reviews had not been acted upon, and staff were not knowledgeable on some of the healthcare risks and required monitoring associated with a prescribed medicine.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Residents had been provided with support for their emotional needs, and behaviour support plans were in place where required. However, a behaviour support plan had not been updated as outlined in a safeguarding plan, and a physical intervention was not clearly outlined in a behaviour support plan. Restrictive practices were

regularly reviewed by the multidisciplinary team, and were due to be reviewed by the service rights committee in line with the centre policy.

Judgment: Not compliant

### Regulation 8: Protection

Safeguarding incidents in the centre had been reported and investigated and safeguarding plans were in place. Most measures outlined in safeguarding plans had been implemented and staff were knowledgeable on these plans. However, measures outlined in a recent safeguarding plan had not been implemented.

Staff members spoke with stated they had been provided with training in safeguarding.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' right to privacy and dignity was not upheld in practices relating to incident management, and were not in line with the centre's policy on incident management and on the details on the residents' written agreement.

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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for The Burrow OSV-0007888

Inspection ID: MON-0033257

Date of inspection: 12/07/2021

## 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:            There is now a thorough recruitment of staff process in place to ensure the number, qualification and skills mix of staff is appropriate to the number and assessed needs of the residents, statement of purpose, size and layout of the Centre. The PIC in conjunction with the HR department commenced the recruitment process for one required staff member and who will be in position by 30/09/2021.</p> <p>Amendments were made to the roster to ensure to ensure staff allocations are recorded correctly. Planned and actual rosters are now in place. The PIC will ensure this is effectively maintained. If there are changes to the planned roster the PIC is responsible for ensuring changes are immediately updated on the roster.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Organization management structure now in place includes the CEO, Director of Community and Children’s Service, (DOCCS) Head of Children’s Service (HOCS) and PIC.</p> <p>DOCCS with line management responsibility for HOCS will ensure that monthly governances audits and PIC audits are completed by the HOCS and the PIC, with clear time frames in place for the completion of action from monthly PIC audit and monthly governance audits. A six-monthly unannounced provider led audit has been completed. HOCS and the PIC will agree specific time frames for actions to be completed. These actions and times frames will be shared with DOCCS.</p> <p>Amendment have been made to the PIC absent management plan outlining the HOCS is to be contact in the PIC absents. This is placed in the hallway and a second copy on the office wall so that all team members are aware of the who to contact should they need support with something while PIC is on leave.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A review of all restrictive practices within the Centre has been conducted. The Person in Charge will ensure any restrictive practice noted within the Centre will be returned quarterly in line with the Regulations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The center is laid out to meet the aims and objectives of the service and the number and needs of residents as outlined in Schedule 6. The premises is well maintained. Each child has their own bedroom and there is suitable outdoor play equipment. Daily cleaning schedules are in place. There is an assigned member of the maintenance team allocated for the house and processes in place to contact them should the need arise.</p> <p>The dining table has now been extended to comfortably seat six people. A risk assessment for mealtimes is now in place. PBSP for one child has been updated to include this seating arrangement 03/08/2021.</p> <p>The risk assessment and PBSP was discussed at the team meeting on 28/07/2021 &amp; 03/108/2021.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There is now a robust cleaning schedule in place for disinfecting touch points to reduce contaminations. Risk assessments in place for cleaning bathroom following usage.</p> <p>The use of paper towels in the bathrooms has been risk assed and appropriate measures are in place to ensure their safe use. The use of paper towels was reinstated in the bathroom on the 19/07/2021.</p> <p>The PIC discussed at team meeting on 28/07/2021 &amp; 03/108/2021 the temperature checks protocol for children and team to happen in accordance with public health guidelines. These checks will be completed no less than twice daily. Temperature checks are now logged on EpicCare system for the children and in a temperature check log for staff members. The PIC has assigned responsibility of children and staff twice daily temperature checks the Team Leaders. PIC will audit this practice to ensure the frequency of temperature checks for Children and staff is in line with public health guidance.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Review of medication profiles have been completed. The PIC discussed the medication</p>	



protocols at the team meeting. Team members have all read medication profiles for the children and have signed that they are now knowledgeable on the medication being administered in the premises 03/08/2021. PIC arranged the one resident to have a blood test. This took place on the 29/07/2021 and waiting results. Dietician review for a resident took place 28/07/2021.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 A review of all PBSP plans has been completed and all residents now have an appropriate PBSP plan in place. PIC has organized training for team members on all updated PBSP. This was facilitated by the Consultant Behavioural Analyst. This happened on 27/07/2021 and 03/08/2021 and was completed by all team.

Supporting Unsafe Behavior training was conducted on 03/08/2021 and was completed by all team members. This was facilitated by the PMAV trainer for the organization. This occurred within the center so that the team could practice PMVA blocking and moving techniques within the environment they work in.

These plans supplement each other and sufficiently guide staff practice. All new staff members will receive this training.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
 A review of all incidents and allegations has been completed within the Centre. One unsubmitted incident was notified retrospectively to the Office of the Chief Inspector.

Going forward the PIC will ensure to submit all notifications in line with Child protection guidance and the Regulations. The PIC will ensure all Child protection incidents are investigated in line with national guidance and any protective measures required are implemented in a timely manner.

All safeguarding plans have now been completed. The PIC has shared any learning identified from incidents with staff during a team meeting. All safeguarding measures have been formalized within the internal safeguarding plan.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 The PIC will ensure to uphold the resident's dignity and privacy at all times. All photographs not consented for have now been removed.

PIC discussed with the staff team during the team meeting on the 27/07/2021 and 03/08/2021 the policy on incident management, accident injury protocol and the written agreement specific to photographic images.

A letter will be sent to all children's' representatives within the service seeking their consent for photographs to be taken during activities and while having positive engagements. This will be an opt in process and should representatives or children not wish their photo to be taken, then their wishes will be respected. The purpose for which photographs are taken will be guided strictly by this consent process.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2021
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	03/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	04/08/2021
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	30/08/2021

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	06/08/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure	Substantially Compliant	Yellow	31/07/2021

	including physical, chemical or environmental restraint was used.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	30/07/2021
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	30/07/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	04/08/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action	Substantially Compliant	Yellow	04/08/2021

	where a resident is harmed or suffers abuse.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	01/09/2021