



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group S
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	01 July 2021
Centre ID:	OSV-0007925
Fieldwork ID:	MON-0031833

## About the designated centre

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

St. Vincent's Residential Services Group S is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen/dining room, a utility room, two sitting rooms, bathrooms and a garage. Residents are supported by the person in charge, nurses, social care workers, care staff and household staff.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 1 July 2021	10:40hrs to 17:40hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

There were indications that the move to this designated centre had benefited some residents who were now provided with a much more homely environment than their previous setting. While respectful interactions between residents and staff were noted on the day of inspection, some improvement was needed in some areas relating to residents' rights such as maintaining their privacy and the use of some language.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used and the inspector's movement throughout the designated centre was restricted in so far as possible.

The four residents who lived in this designated centre at the time of inspection had moved to this centre in January 2021 having previously lived in designated centres operated by the same provider on a campus setting. Staff spoken with indicated that this move had really benefited some of the residents who were now provided with a more homely environment. For example, one staff member told the inspector that one resident now had a bedroom window which they did not have in their previous home. The house itself was observed to be well-furnished, well maintained and clean with photographs and pictures on display while residents' bedrooms were also noted to be personalised. This added to a homely feel.

By moving away from the campus based setting, residents were also more involved in general tasks around the house. The inspector was informed that one resident now helped more with shopping and on arrival at the centre, the inspector observed a resident helping a staff member to put out some clothes for drying. This resident greeted the inspector and was seen to take a seat at some garden furniture at the rear of the house as the inspector entered. Upon entering the inspector met another two residents both of whom also greeted the inspector. All of these residents appeared content or happy while the inspector was present.

The fourth resident who lived in this centre was not met by the inspector but it was noted that they, along with one of the other residents, left the centre early into the inspection to go on a day trip using one of the centre's two vehicles. The remaining two residents used the other vehicle twice during the day to go for drives where they either got some takeaway coffee or went for a walk. They also returned to the designated centre during the day for their lunch and when present in the centre were seen to move freely throughout the centre.

However, when reviewing records in the designated centre and from speaking to the person in the charge, there were instances where one resident would be asked to limit their movements in the centre in response to particular circumstances. If the resident did not agree to this, then their decision was respected however asking the

resident to limit their movements had the potential to reduce their choice and control in their new home. It was also noted that there had been instances when other residents had also been removed from a particular area of the centre due to similar circumstances.

Residents were consulted though in relation to the running of the designated centre through residents meetings that took place where matters such as complaints, activities and the centre's statement of purpose were discussed. A charter of rights was on display in the designated centre with staff members present during the inspection observed and overheard to interact appropriately and respectfully with residents. It was noted that some staff had also undergone training developed by HIQA in human rights. Despite this, the inspector did notice the use of some language that was not person-centred such as a resident "kicking off".

It was also noted that a staff work area was located in the kitchen/dining room. While this area was neatly organised and had presses where files could be stored, documents which contained confidential information related to residents were stored there which could be easily accessible by other residents or any visitors. It was acknowledged though that visiting to the centre was somewhat limited due to COVID-19 but residents were supported to have visitors to the centre. For example, on the day of inspection one resident received a visit from some family members and residents had also been supported to maintain contact with family members during COVID-19 restrictions.

Maintaining contact with family was noted to be goals for some residents as identified during a person centred-planning process followed in the designated centre. Such goals are intended to be meaningful accomplishments for residents and there was evidence that residents were being supported to achieve these. For example, one resident had a goal identified to get a dog and some staff members had been bringing their own dogs to the centre for visits which all residents enjoyed. In addition the person in charge had also commenced a process with a view to getting a dog for the designated centre.

In summary, the inspector found that the move to this designated centre had benefited some residents particularly in terms of the homely environment that the residents now lived in when compared to their previous homes. Residents were also being supported to maintain contact with their family. However, some improvement was needed in relation to certain aspects of promoting residents' rights such as ensuring their privacy.

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

The provider had ensured that the designated centre was appropriately resourced while monitoring systems were also in place. Despite this, some improvement was needed in such systems to ensure that issues highlighted during this inspection were identified sooner by the provider.

This designated centre was first registered in January 2021 to provide a new home for a group of residents who had previously lived on a campus based setting in designated centres operated by the same provider. The registration of the centre had been granted after the provider submitted all the necessary documentation and provided additional information relating to the premises and fire safety systems in place. The current inspection was this centre's first inspection whose purpose was to assess the supports provided to residents since they moved into the designated centre and assess compliance with the regulations.

In keeping with the regulations, the provider had ensured that a statement of purpose was in place which was also on display in the designated centre. This is an important governance document which is required by the regulations to contain some specific information. It was seen that the statement of purpose contained most of the required information such as how residents' personal plans were reviewed, the arrangements for residents to attend religious services and how complaints were managed. It was noted though that some aspects of the statement of purpose required updating. For example, the statement of purpose did not include all the information as outlined in the centre's certificate of registration.

The statement of purpose also contained details of the staffing arrangements provided to support residents. During this inspection, it was found that staffing in place was in keeping with the statement of purpose which included the provision of nursing staff. Staff files were held centrally by the provider and so were not reviewed during this inspection. However, planned and actual staff rosters were maintained in the centre as required by the regulations. The inspector reviewed a sample of these rosters which indicated that there a consistency of staff working in the centre. Such a staff consistency is important to ensure that staff working in a centre are familiar with residents' needs and so that residents are more comfortable with the staff supporting them.

When reviewing documentation relating to one resident, it was noted how a consistency of staff support was important for them. Since residents had moved into this centre, the provider had taken steps to ensure that consistent staffing was provided and it was also noted that actions had been taken in response to particular incidents in occurring in the designated centre. For example, in the months after residents first moved in, a second vehicle had been provided for this centre in order to better support the needs of the residents living there. Along with the staffing arrangements provided, such actions provided assurance that this designated centre was appropriately resourced by the provider.

The provider also had monitoring systems in place to review the quality and safety of care and support given to residents. Since opening audits in areas such as medicines and infection prevention and control had been carried out along with a provided unannounced visit. Despite these during the inspection process, it was

highlighted that the impact of some events on certain residents occurring in the designated centre had not be sufficiently recognised. After highlighting such incidents to the person in charge a number of notifications were submitted the day following this inspection. Such notifications are required by the regulations and must be submitted within three working days to HIQA. Based on the details contained in the notifications submitted the day after inspection, they had not been submitted in a timely manner.

### Regulation 15: Staffing

The staffing provided was in keeping with the statement of purpose which included the provision of nursing staff. A consistency of staff was in place as indicated by the staff rosters that were being maintained.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in this designated centre which was made available to the inspector. It contained the majority of the required information such as residents' names and details of their next of kin. It was noted that the dates of admission to this designated centre for all four residents were incorrect.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had ensured that the designated centre was appropriately resourced and was monitoring the services provided. A provider unannounced visit had been carried out which was reflected in a written report which included an action plan for any issues identified. Despite the monitoring systems in operation, some issues found during this HIQA inspection had not been identified earlier such as aspects of notifications and safeguarding.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose



The statement of purpose was on display in the designated centre which contained most of the required information but needed updating in some areas such as to ensure that all the information as outlined in the centre's registration certificate was provided for.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notification of some events, which required submission to HIQA within three working days of the events occurring, had not been notified in a timely manner.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Complaints was discussed during residents' meetings. Information on the complaints procedure was on display in the centre and systems were in place for any complaints made to be recorded.

Judgment: Compliant

## Quality and safety

Good supports were provided to residents in areas such as the premises they lived in, the personal planning process and measures to protect against COVID-19. It was noted though that some improvement was required regarding the recognition of issues which could negatively impact residents.

The premises of the designated centre was overall presented in a well maintained and well-furnished manner while also being provided with fire safety systems including a fire alarm, emergency lighting and firefighting equipment. The firefighting equipment in place had received a maintenance checks by an external contractor during 2021 with these checks being important to ensure that such fire safety systems are in proper working order. It was noted though that that the fire alarm and emergency lighting, which should both receive quarterly maintenance checks, had yet to undergo such a maintenance check.

However, it was seen that the designated centre was provided with fire doors which are important to prevent the spread of fire and smoke while ensuring a safe

evacuation route in the event of a fire. Since residents had moved into this centre, fire drills had been carried out regularly to help ensure that residents and staff knew what to do should an emergency evacuation be required. Personal emergency evacuation plans were also in place for all residents which is important in setting out any supports residents need to help them evacuate safely.

This approach to fire helped to ensure the safety of residents and it was also seen that measures were being taken to protect residents from the potential impacts of COVID-19. For example, there was regular cleaning of frequently touched surfaces and temperature checks of staff. During the inspection staff members on duty were seen to use PPE while one staff member was observed to be carrying out cleaning. A specific COVID-19 folder was present in the designated centre that contained relevant guidance and policies related to COVID-19.

Residents also had plans of care outlining how to maintain their health and wellbeing during COVID-19. Such plans were contained within residents' overall individual personal plans. These personal plans are a key requirement of the regulations and are intended to provide guidance for staff in meeting the assessed health, personal and social needs of residents. The inspector reviewed a sample of these plans it was seen that they were informed by a clear assessment process, were subject to multidisciplinary review and contained key information relating to residents. Where any resident was assessed as having a particular need, a specific plan of care was put in place for this need with efforts made to meet this need.

For example, where a resident required support in promoting positive behaviour an intervention plan was developed with input from a psychologist and staff members spoken with demonstrated a good knowledge around this. It was noted though when reviewing a related risk assessment that staff working in the centre were required to have undergone particular training in supporting positive behaviour. When reviewing training records, it was seen that some staff had yet to receive this training although it was acknowledged that COVID-19 restrictions had made the provision of such training difficult.

Upon reviewing further records in the centre, it was noted that there been incidents occurring the centre related to one resident's behaviours which were negatively impacting on another resident in particular. It was seen that the provider had taken measures in response to this in order to lessen the likelihood of such incidents occurring. For example, an additional vehicle had been provided for the centre which allowed one resident to receive an individualised day service away for the designated centre. Such incidents had resulted in some safeguarding concerns between residents but a safeguarding plan was in place in relation to these.

This safeguarding plan had been developed following physical interactions taking place between residents in this centre which led to one resident being negatively impacted but when reviewing other records in the centre, it was noted that there were other incidents occurring where a resident was impacted in a different way. For example, in certain incidents involving one resident, another resident was requested to limit their movements in the centre. For some of these incidents, the

latter resident was described as being anxious after them.

Such incidents had the potential to psychologically impact this resident in a negative way. This was highlighted to the person in charge during the inspection and the day after, the inspector was informed that following an internal review with the provider's designated officer and others, a number of measures had been taken with immediate effect to reduce the potential for this resident to be psychologically impacted. While the inspector acknowledged the actions taken by the provider in response, given the trend of incidents noted by the inspector, the potential for a negative psychological impact had not been sufficiently recognised at the time of this inspection taking place.

### Regulation 13: General welfare and development

Residents were supported to maintain contact with their families through telephone calls, video calls or visits. Residents' move away from a campus based setting provided more opportunities for community access with two vehicles assigned to the centre to facilitate this.

Judgment: Compliant

### Regulation 17: Premises

The premises provided was observed to be clean, well maintained, well furnished and homely on the day of inspection.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was provided which contained all of the required information such as how to access HIQA inspection report and the arrangements for complaints. The residents' guide was on display in the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were being followed to protect residents from any infectious disease including COVID-19. These included regular cleaning, the use of PPE and symptom monitoring.

Judgment: Compliant

### Regulation 28: Fire precautions

While fire safety systems were in place, it was noted that quarterly maintenance checks of the fire alarm and emergency lighting by an external contractor had yet to be carried out.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were informed by relevant assessments and subject to multidisciplinary review. Such plans were also informed by a process of person-centred planning.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where necessary behaviour support/intervention plans were in place. While most staff had undergone relevant training, it was noted that two staff had not receiving training relating to positive behaviour support.

Judgment: Substantially compliant

### Regulation 8: Protection

Incidents occurring in the designated centre which had the potential to psychologically impact a resident in a negative way had not been sufficiently recognised as such at the time of this inspection.

Judgment: Not compliant

### Regulation 9: Residents' rights

While staff members were observed and overheard to interact respectfully and appropriately with residents during this inspection, the use of some language that was not person-centred was noted. Residents were consulted with through regular residents' meetings. The location of a staff work area in the kitchen/dining room of the centre did not promote the privacy of some confidential information relating to residents. Occasions where a resident was asked to limit their movement in the designated centre did not promote their choice or control although it was noted that where the resident refused such a request, their decision was respected.

Judgment: Substantially 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	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Vincent's Residential Services Group S OSV-0007925

Inspection ID: MON-0031833

Date of inspection: 01/07/2021

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The resident's correct date of admission to the designate center has been entered into the Directory of Residents since inspection.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider through the PPIM and Clinical Nurse Manger 3s will conduct weekly visits to the Designated Centre. The PPIM and PIC will review all audits and set a plan for managing all identified actions.</p> <p>The Safeguarding Designate Officer, the service manager, PPIM and PIC have met following this inspection and all safeguarding incidents have been reviewed and existing safeguarding plans have also been reviewed. Where incidents were not previously recognized as having possible psychological impact on the residents these have all been reviewed and safeguarding plans put in place.</p> <p>The PPIM and PIC have submitted all notification regarding these incidents to the authority, the provider has notified the HSE safeguarding teams.</p> <p>Multidisciplinary team meetings have been scheduled for residents, and review of multi element intervention plans supporting behaviors of concern are being reviewed as part of these meetings.</p>	



Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The Statement of Purpose has been updated and submitted to the authority since the inspection date.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  The registered provider through the Service manager, PPIM and PIC will ensure that all incidents are notified to the authority within three working days.</p> <p>Training has commenced by the safeguarding designate officer following the inspection for all staff on the different types of abuse and how to recognize same. All staff will complete the HSE Land Safeguarding of Vulnerable Adults training.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The emergency lighting and the fire alarm have both undergone maintenance checks by the external contractor since the inspection date.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  All staff working in this center that have not completed the Management of Challenging</p>	

Behavior course will be scheduled by the PIC to complete same. Refresher training will be scheduled as appropriate for all staff in the center.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The Registered Provider will ensure that all staff will repeat Safeguarding Vulnerable Adults on HSELand.

Training has commenced by the Designate officer on Safeguarding which will include definitions of and recognizing abuse and management of allegations of abuse.

The provider will ensure that all incidents are notified to the authority and the HSE safeguarding team in the appropriate timeframe.

Psychological support will be provided by the provider for any resident who may be impacted upon by any form of abuse. Full multidisciplinary team support will also be provided for each resident requiring same and for the staff team supporting the residents.

A workshop will be facilitated by an instructor in the management of challenging behavior on the appropriate use of language and low arousal approach to behaviors of concern for all staff in the designate centre.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The PIC will report all incidents of concern to the PPIM and Service Manager at time of occurrence, all necessary measures including preliminary screening process and investigations will be completed by the provider.

The Registered Provider through the PPIM and Clinical Nurse Manger 3s will conduct weekly visits to the Designated Centre. The PPIM and PIC will review all audits and set a plan for managing all identified actions.

The Safeguarding Designate Officer, the service manager, PPIM and PIC have met following this inspection and all safeguarding incidents have been reviewed and existing safeguarding plans have also been reviewed. Where incidents were not previously recognized as having possible psychological impact on the residents these have all been reviewed and safeguarding plans put in place.

The Registered Provider will monitor the Transition Plans for the four residents to ensure compatibility to reside together in the designate centre.

A review of each resident's placement in the designate centre will be carried out by the staff team and multidisciplinary team before the end of October, any recommendations

regarding placement will be forwarded to the Service Admissions, Discharge and Transfer Committee.

If a resident is requested to move from one area to another due to safety, this will be referred to the Restrictive Practice Committee. A resident's choice regarding moving or not will be requested.

The Registered Provider will ensure completion of an audit by the Designate Officer and the Quality and Risk Officer of all incidents which have occurred in the designate centre since its opening. Recommendations will be provided from same to be actioned to ensure resident's rights are protected.

The Registered Provider will ensure that staff have completed the HSE Land online training regarding Residents Rights. Following completion of the training by all staff the Designate officer and the PPIM will join the centers team meeting to discuss same and share learning.

The PIC will ensure that all documentation is be stored in the dedicated area provided for same, and not in communal living areas.

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/07/2021
Regulation 23(1)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	15/09/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/07/2021
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	20/07/2021

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/08/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2021
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 where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/09/2021
Regulation	The registered	Substantially	Yellow	30/09/2021

09(2)(b)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Compliant		
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.	Substantially Compliant	Yellow	30/09/2021