



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

Issued by the Chief Inspector

Name of designated centre:	Rosewood
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 July 2021
Centre ID:	OSV-0007932
Fieldwork ID:	MON-0033896

About the designated centre

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

This designated centre can provide a residential service to three male and/or female adults with intellectual disabilities and require mild to moderate supports. The centre is based in a large town in Co. Wicklow and is close to an array of community amenities. The two story house comprises of four bedrooms, a kitchen, utility room, dining room, an activity room with conservatory and a sitting room and two toilets. Two of the four bedrooms have en-suite facilities. The person in charge works full-time and shares their role between this centre and one other. The person in charge is supported by a deputy manager, a core team of social care workers and a day service facilitator.

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
Wednesday 21 July 2021	10:00hrs to 16:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were supported to enjoy a good quality of life and to make choices and decisions about their care. The two residents who were residing in the centre had previously lived together in another centre which was run by the same provider. They had been supported to move to this newly-registered designated centre as part of a de-congregation plan in January 2021 along with the same staff from the previous centre. Overall, the inspector found that residents were enjoying living in their new home and that their lived experience in the house to date had been very positive.

The inspector met with the two residents living in the centre. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment (PPE) and was time limited in adherence with national guidance.

On speaking with the residents and staff, the inspector was advised that the residents were consulted about the move to their new home and were involved in making choices and decisions during this time. In advance of moving to the new designated centre, the residents visited the house on a number of occasions. Bedrooms were chosen and some new furniture and fittings were purchased. Residents were also supported to bring their furniture from their previous home including other items that were important to them.

Residents were provided with transition plans before, during and after the move. The plans included lots of photographs of the residents visiting the centre in advance of moving there and during different stages of the transition. Overall, the plans recorded the care and support provided to residents during this time and were reflective of the change in circumstances and of the new developments in their lives relating to this move.

The residents had been supported to complete a Health Information and Quality Authority (HIQA) questionnaire in advance of the inspection. The questionnaires demonstrated that residents were happy with the location of their new home with one resident expressing that they preferred it to where they lived previously. Both residents' questionnaire relayed that they knew who to go to should they need to make a complaint.

The inspector observed the house to be suitable to meet residents' individual and collective needs in a comfortable and homely way. The residents' living environment provided appropriate stimulation and opportunity for the residents to rest and engage in recreational activities. Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. One resident showed the inspector around the downstairs area of the house including the back garden area. The residents seemed familiar and relaxed in

their surrounding and appeared proud and happy showing off their new home to the inspector.

The residents had differing methods of communication. One resident was supported by the person in charge to relay their views and opinion about the quality of care and support provided to them. The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. On observing a resident interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and one resident, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

Residents were provided with a choice of healthy meal, beverage and snack options. Through observations of weekly menu and activity plans, the inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in one-to-one key working sessions with their staff where matters were discussed and decisions made. For example, residents had been supported to understand and be aware of the COVID-19 vaccination process. Residents were supported to understand the different vaccinations, what the process entailed and what it meant for them.

In summary, the inspector found that, overall, the residents' wellbeing and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. The inspector found that residents were enjoying their new home and had been appropriately supported to transition to this house, and that this had resulted in positive outcomes for the residents.

The inspector found that, overall, through speaking with the residents and staff and through observations, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment and to empower residents to live as independently as they were capable of.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the person in charge and staff were striving to ensure that the residents living in the designated centre were in receipt of a good quality and

safe service. There were clearly defined management structures in place in the centre. The service was led by a capable person in charge, supported by a deputy and senior manager, who were knowledgeable about the assessed needs of the residents and the supports required to meet those needs. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. However, to ensure the safety of residents at all times, improvements were required to the centre's fire containment systems and positive behavioural support systems. These are addressed in the quality and safety section of the report.

The residents moved into the designated centre in January 2021. The inspector found that residents' admissions was in line with the centre's statement of purpose and that, overall, the centre's admission process had considered the wishes, needs and safety of the residents. The residents were provided with the opportunity to visit the centre in advance of moving into the house and choose to decorate and furnish the house in line with their wishes and likes. There was a written contract in care provided to each resident which included all the required information, including fees charged. Where appropriate, an accessible format of the contract of care had been made available to the residents.

The inspector found that, the local governance and management systems in place were sufficient to allow the designated centre operate to a good standard. Overall, the centre was monitored effectively and met the needs of residents living in the centre. There was a comprehensive local auditing system in place by the person in charge, with the assistance of the deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents. The provider had completed an unannounced review in March 2021, to ensure service delivery was safe and that a good quality service was provided to residents. Furthermore, a health and safety audit had been completed in May 2021. Both audits had identified improvements needed to fire doors in the house, however on the day of inspection neither of these improvements had been completed or included a date to be completed. The untimely response to these actions impacted on the safety of residents and an urgent action plan was submitted to the provider to provide assurances relating to fire containment in the house.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a staff roster in place and it clearly identified the times worked by each person. The roster demonstrated that during the week residents were supported by two staff during the day; however, during most weekends this support was provided by one staff member. The inspector found that a review of the weekend roster had the potential to ensure

adequate choice and support was available at all times for the residents and, in particular, with the recent lifting of restrictions for community activities.

There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Many of the staff who had worked with the residents in a previous designated centre moved with them to this centre and were an integral part of the transition process.

Staff were provided with mandatory training in fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. The training needs of staff were regularly monitored and addressed to ensure the delivery of a quality, safe and effective service for the residents. However, a number of staff refresher training was overdue with a number of staff awaiting a place on some courses. Some training courses had been provided an extension date of July and August 2021. Furthermore, a number of new trainers had been employed by the provider to facilitate the training backlog that had arisen during the current health pandemic due to the restrictions in place.

Regulation 14: Persons in charge

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were regularly monitored and addressed to ensure the delivery of a quality, safe and effective service for the residents. However, a number of staff refresher training was overdue with some staff awaiting places on courses.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were satisfactory governance and management systems in place in the designated centre. It was monitored effectively and met the needs of residents living in the centre. There was a comprehensive local auditing system in place by the person in charge, with the assistance of the deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that residents' admissions were in line with the centre's statement of purpose and that overall, the centre's admission process had considered the wishes, needs and safety of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained all required information, as per Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. The provider, person in charge and staff had facilitated a de-congregation plan to support residents transition into to a new community-based home that better met their needs and ensured positive outcomes in their daily lives. However, to ensure the safety of residents at all times, the inspector found that improvements were warranted to the areas of fire containment and positive behaviour supports.

This inspector found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a safe and pleasant place to live. Residents' abilities, interests and preferences were well known by staff and this was shown in personalised care plans and personal goals. Residents had been provided with a robust transition plan to support them move to their new home and there was evidence to demonstrate that residents and their family were consulted throughout the process. In addition, there was de-congregation folder in place to support the transition of the residents from a congregated setting to a community setting. Assessments of the residents' needs demonstrated that a community-based setting better met the needs of the residents. The de-congregation proposal including the benefits of this move for the residents. For example, better quality of life, better availability of local amenities, greater opportunity for integration into the local community and small staff-to-resident ratio to maintain and enhance relationships.

The healthcare needs of residents had been assessed and each resident had access to a general practitioner (GP) service as well as a range of health and social care professionals. There were clear plans available for any identified healthcare need and these incorporated recommendations of specialists where applicable. Healthcare plans were found to be guiding delivery of responsive healthcare and support. In addition, many of the plans included accessible information to support residents to better understand their own health and medical diagnosis.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There had been a significant reduction in behavioural incidents since residents transitioned to the new designated centre. Arrangements were in place to support and respond to residents' assessed support needs. The inspector saw that one resident's positive behaviour support plan had been recently updated by an appropriate professional and included clear guidance

and information to support staff appropriately and safely respond to the resident's assessed support needs.

However, another behaviour support plan had not been updated in a timely manner and did not include sufficient information to guide and inform staff how to safely respond to all support needs of the resident. Associated risk assessments and safety plans required reviewing to ensure that they included measures that were in line with the behaviour support plan ensuring a consistent approach from staff when supporting the resident. Furthermore, the inspector found that a number of specific behavioural incidents were not being satisfactorily logged or recorded, and as such, limited the opportunity of shared learning and reducing the occurrence of such incidents.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration. Restrictive interventions had been assessed to ensure its use was in line with best practice and there was a monitoring system in place to support the removal or reduction of a restrictive practice at the earliest opportunity.

There was an up-to-date safeguarding policy which was made available for staff to review. Staff who spoke with the inspector understood their role in adult protection and, overall, were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. Residents were supported to be knowledgeable in how to keep themselves safe. Residents had been provided with easy-to-read material regarding safeguarding and participated in key working sessions with their staff to further explain the documents. The provider had systems in place to ensure residents were safeguarded from financial abuse. The person in charge carried out a monthly audit of the residents' finances to ensure each resident's money was maintained appropriately.

The inspector found that, overall, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed cleaning records which demonstrated that a good level of adherence to cleaning schedules was taking place. The provider had policies, procedures and guidelines in place in relation to infection prevention and control. Staff had completed appropriate training in relation to the prevention and control of COVID-19. Residents were supported to be aware and knowledgeable in matters relating to the current pandemic so that they were protected and kept safe from the risk of transmission of COVID-19. Staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

The registered provider and the person in charge ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the provider's requirement to be responsive to risk. The risk management policy in place included all the required information as per regulation 26. There was a risk register in place and it was regularly reviewed. There were risk assessments specific to the

current health pandemic, including the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

For the most part, the inspector found that there were adequate systems for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures. Firefighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting.

Fire safety checks occurred regularly and were recorded appropriately. Daytime fire drills were taking place regularly however, to ensure staff and residents were better prepared in the event of a fire, a review of the actual fire drill practice was required so that it included different possible scenarios where a fire might be located. In addition, the inspector found that simulated night-time drills, which provided further assurances that residents could safely evacuate at all times, had not taken place since the residents moved in seven months ago.

Furthermore, and to ensure adequate fire containment measures were in place at all times, urgent attention was required to two damaged fire doors which posed a risk to the safety of the two residents living in the house. Post-inspection the provider was required to submit an urgent compliance plan providing assurances that concerns had been appropriately addressed. Satisfactory assurances were subsequently submitted which outlined measures undertaken to ensure that adequate arrangements were in place ensuring the safety of all residents in the house.

Regulation 17: Premises

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Residents expressed themselves through their personalised living spaces. However, on the day of inspection, maintenance work was required to a wall in the hall and to the front door.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk management policy in place included all the required information as per regulation 26. There was a risk register in place in the centre and it was regularly reviewed. Some risk assessments required reviewing to ensure their control measures were in line with other documentation associated with the risk. This has been addressed in Regulation 7.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that overall, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

Daytime fire drills were taking place regularly, however, a review of the actual fire drill practice was required so that it included different possible scenarios where a fire might be located.

Simulated night-time drills had not taken place since the residents moved in seven months ago.

To ensure that adequate fire containment measures were in place at all times, urgent attention was required to two damaged fire doors.

- The fire door in the sitting room was damaged and
- the fire door leading to the activity room was sticking.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response gave assurances that the risk was adequately addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents' needs had been assessed and supports to meet those needs had been put in place through the personal plan process. Residents had been provided with a robust transition plan to support them move to their new home and there was evidence to demonstrate that residents and their family were consulted throughout the process.

Judgment: Compliant

Regulation 6: Health care

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Judgment: Compliant

Regulation 7: Positive behavioural support

Not all residents' behaviour support plans had been updated in a timely manner or included sufficient information to guide and inform staff on how to safely respond to all residents' support needs.

Associated risk assessments and safety plans in place required reviewing to ensure that they included measures that were in line and consistent with a behaviour support plan.

A number of specific behavioural incidents were not being satisfactorily logged or recorded, and as such, limited the opportunity of shared learning and reducing the occurrence of such incidents.

Judgment: Not compliant

Regulation 8: Protection

There was an up-to-date safeguarding policy which was made available for staff to review. Staff who spoke with the inspector understood their role in adult protection and overall, were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosewood OSV-0007932

Inspection ID: MON-0033896

Date of inspection: 21/07/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In review of the training calendar and schedule for 2021, the calendar has been updated to reflect staff training courses that have been completed in August 2021 and some more courses that have been added to the online training platform, i.e., food hygiene has now become available as an online training module. Staff have been made aware of this and all have now completed online training courses in Food Hygiene.</p> <p>All staff have now completed or have been booked on a First aid response or a first aid refresher course.</p> <p>All staff have completed Safeguarding Vulnerable Adults online course.</p> <p>All staff have completed Food Hygiene course online.</p> <p>All staff have completed refresher in Risk and incident management, online.</p> <p>MAPA training remains cancelled and has not resumed yet, this is due to the close contact that would be required during this training. No date has been announced for its resumption. This is due to the Covid-19 restrictions and the very necessary precautions that are required.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

In communication with Facilities and corporate services today, 31/08/2021 I was given a commitment that the glass in the front door would be repaired on Friday 03/09/2021. Furthermore, the damage to the wall on the upstairs landing area would be repaired tomorrow 01/09/2021.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A nighttime deep sleep evacuation was carried in the location on 25/07/2021, the time of this evacuation was 2am and a further nighttime evacuation is planned for 31/08/2021. In all evacuations in location since 21/07/2021 a different scenario was created on each occasion as to where the fire is located. Successful evacuations were carried out on each occasion and is now the norm going forward.

Replacement fire doors have been ordered and are due to be delivered on 07/09/2021. A commitment has been given to me by Facilities and corporate services that they will be fitted on arrival.

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:

1. Positive behavioral support plans have been reviewed and updated. In the update was included in the Reactive strategies to responsive behaviors, all adverse behaviors and clear direction for staff, especially new staff the reactive strategy to follow such behavior.
2. All risk assessments have been updated and cross checked, all existing control measures updated, and cross checked against PBSPs.
3. A referral was sent to behavioral therapist and in a follow up to this an information gathering tool was devised. This is specifically for the purposes of gathering information around an event and collating information from this over a period. The information gathering tool will commence on 29/008/2021 and this will continue for at least a month and is reviewed by behavior therapist and team.
4. It is planned that an action plan will then be formulated from this data. All staff will be made aware and PBSP updated to reflect this information. A safeguarding support plan will be updated and reviewed, and the action plan added to existing control measures in risk assessment.

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 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	15/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	03/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021
Regulation 28(3)(b)	The registered provider shall	Substantially Compliant	Yellow	25/07/2021

	make adequate arrangements for giving warning of fires.			
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.	Substantially Compliant	Yellow	30/09/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/09/2021