Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Clochan House
Name of provider:	Offaly Centre for Independent Living (Offaly CIL)
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	17 January 2019
Centre ID:	OSV-0001930
Fieldwork ID:	MON-0025404

About the designated centre

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

Clochan House is based on the outskirts of a town in Offaly. It is within walking distance of the town centre, but transport is also available for residents. The service provides respite for up to five adults aged between 18 and 68 at any one time, with new referrals up to the age of 65. It operates from Monday to Friday. It is closed at the weekend.
The centre is attached to a health care facility which provides cooked meals. Within the premises there are five bedrooms, a sitting room, a visitors room, an activity room and a kitchen, as well as offices and staff facilities. One bedroom is en suite while the other bedrooms have access to shared bedrooms. One bedroom has a track-ceiling hoist.
The centre provides respite breaks for people to "break away from the routine in which residents can have a holiday experience while being supported and valued as individuals within a caring environment which promotes health and well-being. The respite centre is based on the needs and desires, goal and choices of service users and is resident led". The ethos of the centre is to support residents' independent living in accordance with residents' independent needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or 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
17 January 2019	09:30hrs to 16:40hrs	Liam Strahan	Lead
17 January 2019	09:30hrs to 16:40hrs	Conor Brady	Support

Views of people who use the service

There were three residents availing of respite on the day of inspection. Residents could communicate freely and all three chose to speak with inspectors. Inspectors also had the opportunity to observe interactions between residents and staff.

All residents communicated that they enjoyed their respite breaks in the centre and the opportunities it afforded for enriching and new experiences. Residents described to inspectors how they plan their breaks at the start of the week. On this week they chose to go bowling, to the cinema and to a local museum; they also had opportunities to undertake activities individually if they preferred to and to change plans if they changed their minds. Residents reflected that they had access to private space and also chose to show inspectors the visitors room where they could meet people in private. Residents spoke positively about the support they receive from staff and expressed that they could speak freely to staff if they wish to make a complaint or give feedback.

Inspectors also had opportunities to observe some staff-resident interactions. Residents appeared comfortable in the presence of staff and staff were seen to be respectful of residents and their preferences.

Capacity and capability

This inspection was conducted to assess ongoing regulatory compliance. Overall high compliance levels were found within this centre, with good outcomes for residents. The centre's ethos of providing a resident-led service which promotes independent living was evident throughout the centre. The person in charge was seen to implement practices in a manner seeking to ensure the quality and consistency of the service. However some improvement was needed at a governance level with regard to the provider fulfilling its obligations to assure itself of the quality of its service and staff skill mix.

This centre provided respite breaks (Monday to Friday) for approximately 70 clients; with up to five attending respite at any one time. The centre operated 48 weeks of the year. The client cohort accessing respite have a range of care needs, both social and medical, and support was delivered in a manner promoting independence. Records indicated the each client was able to access respite approximately four times a year.

When a person was referred to the centre the person in charge assessed the capacity of the centre to provide respite to the person referred. Reports form allied health professionals were sought, as required, at this stage and personal

assessments and personal care plans were formed. The person was afforded an opportunity to visit the centre as part of the admission process. Where a person was admitted they were given a contract of services detailing the terms and conditions applicable and the costs involved. The person in charge, or relief nurse, updated the personal care plans during each subsequent respite stay.

In addition to regular updates of care plans the person in charge sought to ensure the quality of service through a number of measures. The person in charge supervised the delivery of care on a day-to-day basis; sought feedback from residents at the end of every respite stay and ensured that all care plans and medicines records were up-to-date. An appropriate complaints procedure was in place and complaints were seen to be resolved in a proactive manner.

However the provider demonstrated some limitations with regards to assuring themselves of the quality of service provided. Regulation requires that each provider conduct unannounced inspections of centres on a six-monthly basis and to write an annual review of the quality and safety of care and support in the centre. Inspectors were provided with copies of the provider's inspection reports and annual review. These however required improvement because they failed to result in action plans for service quality improvement and supporting documents indicated that the provider's inspections were not always unannounced.

There was a planned and actual staff roster in place. The skill mix focused on personal assistants, of whom there was a cohort of permanent staff and a small but consistent relief panel. This ensured consistency and continuity of care. Recruitment was ongoing at the time of inspection to fill vacancies. Nursing care was provided by the person in charge who was the only nurse on permanent staff. Additional nursing cover was provided by the nurse on the centre's relief staff-panel. In essence this meant that the person in charge was responsible for provision of all nursing care as well as the management of the centre. Consequently there was restricted capacity to fulfil all management obligations; for example formal supervision and appraisal of staff was not happening as required. In this regard the provider was required to review the skill mix to assure themselves that there was sufficient resources available for both the management of the centre and the provision of nursing care.

Staff had access to a range of training and refresher training. The person in charge was seen to source training to meet the changing needs or residents and to update training where required. Monthly staff meetings were taking place to ensure pertinent information was known to all staff members. A review of staff files demonstrated that the person in charge was in possession of all documents required by Schedule 2 of the regulations.

Management and staff were seen by inspectors to interact with residents in a dignified and respectful manner.

Regulation 14: Persons in charge

A suitably qualified and experienced person was appointed as person in charge of

the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing compliment for the centre comprised of a core number of full-time staff supplemented by a small number of regular relief staff. The person in charged ensured that there was a planned roster in place and was mindful of ensuring continuity of care and consistency of staffing despite there being three posts in recruitment at the time of inspection.

Nevertheless residents did have nursing needs and the only nurse on the roster was the person in charge. After this there was a dependency on the relief panel to supply nursing-skills. In the ordinary course of events this resulted in the person in charge being responsible for both management of the centre and care delivery. The provider was required to review this to assess if the existing qualifications and skill mix of staff was appropriate and sustainable to meet the assessed needs of residents.

The person in charge had also ensured that the provider had obtained all HR-related documents required by Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and refresher training. This included training to meet the changing needs of residents. At the time of inspection there were a small number of gaps in training however the person in charge had scheduled training where required.

Judgment: Substantially compliant

Regulation 19: Directory of residents

Creation of a directory of residents was an action at the last inspection. This had been completed at the time of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure, lines of authority and accountability within the designated centre. The person in charge had a system in place to ensure that the service provided was safe and appropriate to residents' needs.

However, while there was evidence that the provider was undertaking visits to the centre, records also indicated that at least some were not unannounced inspections, as required by regulation. Moreover these did not result in action plans for continuous service quality improvement.

Additionally effective arrangements had not been put in place by the provider to ensure formal supervision and appraisal of staff was routinely completed.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A transparent criteria was available for admission. All persons referred to the service were given an opportunity to visit the centre prior to admission and a personal care plan was created as part of that process. These were updated upon return for subsequent respite stays.

The terms, conditions and charges for respite stays were agreed with residents in writing prior to admission. This was an action resulting from the previous inspection and was completed in full.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records in the centre indicated that the office of the chief inspector was being appropriately notified of events in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place and detailed the complaints and appeals process within the centre. Roles and responsibilities had been delegated appropriately. The complaints process was publicly displayed and information was available to residents in relation to advocacy should they wish to access this support. Complaints, when they arose, were appropriately recorded, reviewed and closed off.

Judgment: Compliant

Quality and safety

Inspectors were assured that residents were encouraged and supported to live independently while on respite. It was noted that residents were supported to engage in activities of choice during their respite breaks. Good practices were evident in health care planning, fire safety management, infection prevention and control, upholding residents' rights and positive behavioural support. Some improvements were required in relation to risk management and premises.

Residents were seen to be treated respectfully during the inspection. Residents were consulted in the running of the centre through house meetings. These were held to coincide with the commencement of each respite break. Here residents had the opportunity to plan activities for the week. These could be either group activities or individual activities. During conversation residents spoke highly of the planning process. Additionally residents had access to a range of information on the notice board, including advocacy information. Throughout the planned activities residents were free to change their preferences and supported to do so if they did. Residents who wished to record their own daily notes to their care files were supported to do this.

Residents had access to a range of food from the adjoining health care facility. A process was in place to order dinner and supper from a menu. Food was collected daily from the adjoining premises' industrial kitchens and final preparation of meals occurred within a domestic style kitchen in the centre. This kitchen also contained a range of breakfast and snacking options and residents were supported to bring their own snack options if they so desired.

Residents were supported with their laundry. A system was in place to ensure that residents' laundry items were not mixed up. Additionally laundry facilities could cater for best practice in relation to infection prevention and control. A suitable sluice facility was available on site if needed.

The premises was spacious and contained both common and private space. There

was a kitchen, living room, visitors room, activities room and five bedrooms. One bedroom was en suite while the other four had access to two shared bathrooms. Both of the shared bathrooms had three access points, as aspect which could benefit from review to ensure that they continue to meet resident needs. The premises was generally clean, comfortably furnished, well decorated and homely. There was an attractive garden area to the front of the premises. However one bedroom was not operating as a bedroom as there was no bed in it. This hindered the ability of the service to provide respite to its intended capacity.

Residents' lives were reflected in their individual personal plans. These plans outlined the supports to be provided to residents to meet their assessed needs, were prepared with resident participation and were kept under review when residents returned for respite.

Similarly health care plans reflected the needs of residents. While referral to allied health care professionals was not the primary responsibility of the respite service these referrals did happen as the need arose. Health care plans were designed to meet the ongoing health needs of residents while on respite. Where a resident had a medical appointment to attend during respite they were supported to attend these. Residents were supported with the administration of medicines in the manner that reflected their routine practice at home. The administration of all medicines was recorded. Receipt of medicines occurred by residents bringing their medicines with them on respite.

A proactive approach was taken to promoting positive behaviour amongst residents. Positive behavioural support plans detailed the offering of appropriate allied health interventions to residents, identification of underlying issues for residents and identifying how the centre would positively support residents with underlying issues. Records indicated that behavioural issues were not common. Throughout this process regard was had for the protection of residents by establishing if behaviours were symptomatic of abuse.

Staff presented themselves as knowledgeable of how to protect residents from abuse. There was a designated person who was knowledgeable of the processes to follow if an incident of abuse occurred. Residents were proactively supported to express any concerns they might have. There were no safeguarding concerns at the time of inspection.

The provider had systems in place for the recording and review of risks and incidents in the centre. Incidents were infrequent. Individual risk assessments were pertinent to individual care plans. However individual risk assessments required some improvement. Inspectors observed one risk which required review to inform the delivery of care, while a falls risk assessment required updating following a fall.

Efforts were being made in the centre to promote the health and safety of residents. Fire drills were occurring regularly at both day and night staffing levels. A new fire detection and alarm system was being installed at the time of inspection. A fire detection and alarm system, emergency lighting, fire doors and fire extinguishers were present throughout the centre. Routine service and checks were

undertaken on these. All staff had access to fire safety training. Vehicles available to the service received annual services and repairs as required.

Restrictive practices were not in use generally in this centre. The person in charge was aware of the need to notify the office of the chief inspector if restrictive practices are used and to review these routinely.

Inspectors noted that the quality and safety of care was generally of a high standard with good outcomes for residents.

Regulation 11: Visits

Residents were supported to receive visitors in accordance with their wishes. A suitable room was available for residents to host visitors in private.

Judgment: Compliant

Regulation 17: Premises

Generally the premises was laid out in a manner to meet residents needs and was suitably decorated in a homely manner. There was adequate private, communal and storage spaces. The outdoor area was well maintained and inviting.

However some aspects of the premises required review; such as the shared bathrooms which had three access doors. Additionally one of the bedrooms was not laid out in a manner such that it could be used as a bedroom; it did not contain a bed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a suitable risk register in operation for the centre. Additionally risk assessments pertinent to resident's individual risks had been completed. However during the inspection inspectors noted two particular risks; one had not been reviewed in a timely manner and the other had not been identified. Staff on duty were unable to adequately describe the appropriate response to one of these risks. The person in charge responded to these immediately when they were brought to her attention.

Vehicles were serviced on an annual basis, and repairs scheduled as required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Adequate facilities for hand-washing were available. Information on infection control risks was available in the staff room. Suitable laundry and sluice facilities were available and the centre had access to alginate bags if needed.

Judgment: Compliant

Regulation 28: Fire precautions

Records indicated that suitable serving of fire detection and alarm systems, emergency lighting and fire safety equipment had taken place. routine in house checks of these were also being conducted and recorded. Suitable personal emergency evacuation plans were available for each resident. While recording the detail of fire drills could be improved they were regularly conducted at both day and night staffing levels.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A suitable process was in place for the weekly receipt of medicines with residents as they arrived for their respite stays. Each room had a lockable storage facility designed for storing the medicines belonging to the occupant of the room. A suitable chart was available to record the administration of medicines, or the self-administration of medicines where appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of resident needs is conducted by the person in charge prior to admission. This is updated on each respite stay so as to reflect changes in a person needs and circumstances. Residents partook in the creation and updates of these personal plans.

Judgment: Compliant

Regulation 6: Health care

A review of records demonstrated that residents had access to allied health care professionals in accordance with their individual needs. Health care plans incorporated the direction of these allied professionals. Additional referrals were made in accordance with residents changing needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were reviewed. These indicated that residents partook in the creation of these plans. Therapeutic interventions were offered to residents. The person in charge ensured to identify underlying residents needs and to form a structure to support residents to fulfil those needs.

Restrictive procedures were not utilised in this centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Staff had access to training in relation to safeguarding vulnerable residents. Staff were able to describe to inspectors how they would respond if they witnessed an abusive interaction. A designated person was appointed to manage allegations of abuse and was able to detail the procedure to be implemented should such a situation arise. The provider had procedures in place to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The manner in which this centre was operated was designed to respect residents' preferences and choices. Each respite week began with a planning meeting to determine the activities and schedule for the week. Residents were free to change

their minds or to undertake individual activities if this was their preference. Residents had a choice of meals and room preferences were recorded and catered for as best possible in booking respite.

Throughout personal plans a collaborative ethos was evident. Residents were supported to write their own records should they wish to. Residents had access to advocacy and residents privacy and dignity were respected. Staff were witnessed to interact with residents in a knowledgeable, respectful and dignified manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochan House OSV-0001930

Inspection ID: MON-0025404

Date of inspection: 17/01/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: An analysis of all Leaders requiring medical/nursing tasks has been undertaken to ascertain the quantum and type of nursing intervention required and to inform an appropriate response. Clochan House currently has 63 Leaders who avail of respite on a regular basis, each Leader is in receipt of approximately 4 visits per year. Of this group: • 7 Leaders, 11% have an identified and specific nursing requirement • this figure will drop to 6 Leaders, 9.5%, from March 2019, as training is scheduled for 25th February 2019 for PA staff to admin medication and fluids via a PEG. The current Leader specific tasks/supports which have a nursing requirements are: • support with catheterization and bladder wash-out • wound care dressings, • administration of medication and fluids via PEG • supporting a Leader to self-admin an IV injection. The nursing needs of the leaders are discussed and reviewed with the individual Leader prior to their respite visit and a plan is designed by the Person in Charge, in conjunction with the relief nurse, to ensure the nursing needs of the Leader are accommodated during their respite visit. The Offaly Centre for Independent Living, have a Nurse CMN2 employed in community services (this nurse previously worked in Clochan House). This nurse will be now placed on the nursing relief panel for Clochan House. This will bring the number of nurses on relief panel up to two.	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

PEG, MAPA and CLE training is scheduled for February and March 2019.
A training database of all Clochan House staff is held locally and updated by the Person in Charge, refresher training is identified in advance of expiry date and appropriate training is sourced by the Person in Charge and or designate to ensure this need is managed within the required timeframe.
Any Leader specific training for future and potential Leaders is identified by the Person in Charge following a comprehensive needs assessment and risk assessment and is arranged before the Leader is confirmed to visit Clochan House.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Provider Nominee gave a commitment to conduct 6 monthly unannounced visits at OCIL Board. At a Board Directors meeting on 6/02/19 the provider discussed there over all responsibilities including their responsibility to carry out unannounced visits through the Provider Nominee.
The Provider Nominee has already schedule these unannounced visits for 2019 into her diary, these dates are unknown to the Person in Charge, to ensure the visits are unannounced and unscheduled.
A meeting was held on 8/02/19 between the Provider Nominee and the Chief Operations Manager of Offaly Centre for Independent Living to discuss the ongoing commitment from the Provider Nominee to conduct the unannounced and unscheduled inspections in Clochan House.
A particular emphasis was discussed and agreed on the need for an action plan to be completed by the Provider Nominee following each unannounced inspection.
The introduction of an internal inspection/audit tool to support the HIQA 23(1)(d) Annual Review Report was agreed by the Provider Nominee.(Inspection/Audit tool attached)

Clochan House current Supervision Policy is amended to bi-annual meetings with a time protected schedule for all staff, staff are encouraged and supported to review their bi-annual form prior to their 1:1 meeting with the Person in Charge.
The Person in Charge will also continue with:
Onsite supervision from Person in Charge/Team lead
Monthly team meetings
Informal supervision through handover meetings, handover/communication book, Leader diary, Person in Charge open door policy

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A fifth bed was installed on 4/02/19.

A meeting was held with the Maintenance Department, HSE, on 21/01/19 and the 11/02/19 to discuss the removal of the 3rd door in the Elm bedroom, the costs and timeframe of the action required to carry out this project. Once these findings are supplied to the Person in Charge, a meeting will be scheduled with the HSE to request permission from the landlord of Clochan House who is the HSE.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Where an incident occurs or a risk is identified during a Leader visit; the appropriate professional input and advice is requested immediately by the Person in Charge from the relevant professional and a follow on review/report is requested from the relevant professional within 5 working days by the Person in Charge or their designate, only when the report is secured and the advised actions are implemented will the next respite visit date be confirmed with the Leader.
For all new referrals, a medical report and/or other relevant reports are requested and received prior to a visit date confirmation.
A checklist of existing reports received, the date received and any outstanding reports will be maintained within each individual Leader file, this will be maintained and updated by the Person in Charge or the Team Lead.
The emerging needs for all existing Leaders will continue to be reviewed with the Leader prior to each respite visit using the Pre-return Form and during their respite visit using their Person Centered Plan and Individual Risk Assessment.
The Leader's Person Centered Plan and Individual Risk Assessment will continue to be discussed at each staff handover meeting and updated accordingly using the staff handover book and communication board.

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	31/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/03/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated	Substantially Compliant	Yellow	15/02/2019

	centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Yellow	15/02/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/02/2019