



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

Name of designated centre:	Dolmen House
Name of provider:	BEAM Housing Association Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	18 April 2018
Centre ID:	OSV-0002067
Fieldwork ID:	MON-0021430

## About the designated centre

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

Dolmen House is a bungalow type dwelling located in a housing estate. The service provided is available to men and women with a learning disability between 18 and 65 years of age. A supported living model of care is offered and residents who live in the centre must demonstrate their ability to live relatively independent lives before they will be considered for admission. The centre is open from Monday until Friday and residents can stay in the centre for a maximum of four nights. Staff support is provided Monday to Thursday for a set numbers of hours by programme facilitators. On-call support is available outside of these hours. Medical care or other healthcare supports are not routinely provided in the centre, although residents are supported to attend medical appointments as appropriate.

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

Current registration end date:	04/09/2018
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
18 April 2018	11:05hrs to 17:15hrs	Conor Dennehy	Lead
18 April 2018	11:05hrs to 17:15hrs	Gary Kiernan	Support

## Views of people who use the service

Pre-inspection questionnaires, that had been completed by all three residents living in the centre, were reviewed which contained very positive views regarding life in this designated centre. Inspectors also met with all the residents on the day of inspection who also spoke positively of the lives they experienced in the centre and the levels of independence that they were facilitated to experience.

Residents reported that they enjoyed regular activities in the local community including shopping, meals out, cinema visits, educational courses and sporting activities. Some residents also spoke proudly of their employment and volunteering activities. Inspectors were told by residents how they were involved in issues relating to the running of the centre and could speak to staff about any concerns they had. For example, residents were given the opportunity to express their views regarding a possible new admission to the centre. Residents also told inspectors how they were involved in choosing the decor for the designated centre.

The designated centre operated from Monday to Friday and was intended to enable residents to live independent lives with some staff support. While residents spoke positively about how this arrangement had benefited their lives, some residents did express a wish to have access to the centre over the weekend.

During the course of the inspection residents were observed to be comfortable and relaxed in the centre and appeared to enjoy sociable and warm relationships with the person in charge and the staff member present. Overall, residents spoke very highly of the support provided by the management and staff in the centre.

## Capacity and capability

In line with the supported living model of care offered by the provider, residents were facilitated to lead independent and active lives while they had access to the centre. The provider had made arrangements to support residents to participate fully in their local community. While there was a good level of compliance across quality of life regulations, improvement was required in the governance of the centre to ensure that the quality and safety of the service was delivered to a high standard on a consistent basis.

The designated centre operated from Monday to Friday. This model of care was clearly set out in the provider's statement of purpose, which explained the services to be provided. Residents were facilitated to enjoy independent lives and be engaged in the local community. Some residents did express a wish to have access

to the centre over the weekend but this had not happened at the time of this inspection although the provider did outline their intention to facilitate this.

The provider had ensured that the centres was appropriately staffed. Given the independence of the residents living in the centre, only limited staff support was required, although it was evident from rosters that this could change on a week to week basis depending on changing needs of residents. Residents spoke positively of the staff support that was in place while staff members spoken to were found to be knowledgeable. A consistency of staffing was in place and Garda vetting had been obtained for all staff and volunteers involved in the centre. This provided assurance that appropriate recruitment practices were in place.

A clear reporting structure was in place in the designated centre which was known to residents and staff. The provider had made good arrangements for the post of person in charge. Additional management support had recently been put in place for the provider's day services which was aimed at freeing up the person in charge for more oversight of the designated centre. The person in charge demonstrated a good understanding of their responsibilities under the regulations. Residents indicated that they could approach the person in charge or any staff member with any issues and felt that they would be listened to.

This designated centre was inspected previously in November 2016 where a number of non-compliances were found. This inspection found an improved level of overall compliance and some failings from the previous inspection had been satisfactorily addressed. This was influenced by the independence of the residents and the relatively low level of support required. However, the management systems in place continued to require improvement for the service to be effectively monitored to ensure that the quality and safety of the service was delivered to a high, consistent standard.

For example, the provider was not complying the regulatory requirement to monitor the safety and quality of care provided. The November 2016 inspection had found that the provider had not carried out any six month unannounced visit to review the quality and safety of support offered to residents. In response to this failing the provider had stated that they would carry such an unannounced visit by February 2017. However, this was not adhered to and no unannounced visit had ever been carried out. An annual review had been carried out in March 2018 but this was not done within the timeframes initially given by the provider and only two such reviews had been carried out since 2013.

The continued non-compliances in such regulatory requirements did not provide assurance that management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. It was also not demonstrated that that the provider would adhere fully to their compliance plan responses or was fully aware of their responsibilities under the relevant regulations.

## Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection the registered provider had not submitted proof of identity and details of any previous experience of carrying on the business of a designated centre in Ireland or similar residential service outside of Ireland. A document regarding the contract of insurance, to support the provider's application for renewal of registration, was not dated within the previous six months or when it was submitted to HIQA in February 2018.

Judgment: Not compliant

## Regulation 15: Staffing

Appropriate staffing numbers were in place to support residents. Planned and actual rosters were maintained in the centre which indicated a continuity of staff. Nursing staff was not assessed by the provider as being required for this designated centre. A sample of staff files were reviewed which contained all of the required information such as evidence of Garda vetting and two written references. It was noted that the recruitment policy had been updated and required all staff to have evidence of Garda vetting before starting work in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Staff were provided with training in areas such as fire safety, safeguarding and medicines but some staff members were overdue refresher training in some areas. Staff spoken to demonstrated a good understanding of residents and how to support them, if required.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A directory of residents was in place but it did not include residents' date of admission to the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

A clear organisational structure was in place and some failings arising from the previous inspection in November 2016 had been satisfactorily followed up. Residents enjoyed a good quality of life and overall a good level of compliance was found across the regulations inspected against. However, the management systems in place required improvement as the provider was not complying with the regulatory requirement to monitor the quality and safety of care provided to the residents. This did not provide assurance that management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Not compliant

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

A sample of contracts were reviewed which were noted to contain the required information and had been signed by residents. An admissions process was underway which was in accordance with the statement of the purpose and prospective residents were given an opportunity to visit the centre in advance of possibly moving in full time. This admission process did not correspond with the admission policy in place. This is addressed under Regulation 5: Written policies and procedures.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place to ensure that accurately described the nature of the service provided. While the statement of purpose contained most of the required information, some information was not present such as the arrangements for dealing with reviews of residents' personal plans. In addition some of the required information needed more detail, for example the section of complaints did not reference who the complaints officer was.

Judgment: Substantially compliant



### Regulation 30: Volunteers

Arrangements were in place for volunteers to receive supervision. Inspectors reviewed a file relating to a volunteer who had been involved with the centre and found that evidence of Garda vetting was maintained.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors reviewed a record of accidents and incidents in the centre. It was found that all events which required notification to HIQA had been submitted within the required timeframe. The person in charge was also aware of the type of incidents and injuries which required notification to HIQA.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were aware of how to make complaints and who they could make complaints to. A process was in place for recording any complaints made and any take actions as a result. The complaints policy had been reviewed in February 2017 and more accurately described the appeals procedures in place. The previous inspection in November 2016 had found the complaints policy did not include details of the person nominated to ensure that are responded to and records maintained. This action had not been addressed.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Since the previous inspection all of the required policies had been put in place. Inspectors reviewed a sample of these and noted that they had been reviewed within the previous three years. It was observed though that some policies required review to ensure that they reflected national policy and practice in the centre. These policies included the safeguarding policy and the admissions policy.

Judgment: Substantially compliant

## Quality and safety

Residents' independence was actively encouraged and promoted. The centre itself was presented in a homely manner and residents were provided with good supports for the most part. While the provider was respectful of residents' rights and their independence, some residents had requested increased access to the centre to further their independence but this had yet to be facilitated and this aspect of listening to residents' views and ensuring they were acted upon required improvement.

Residents' roles within their families and communities were supported. Some residents were also actively engaged in employment and volunteering activities. Residents enjoyed regular activities in the local community such as meals out, shopping, cinema visits, educational courses and sporting activities. Opportunities to participate in such activities were actively encouraged and supported. It was clear that residents enjoyed the varied activities they participated in and were happy that they could choose how they spent their time.

The designated centre was open Monday to Friday, and while residents were clearly very happy with their independence while in the centre, some residents had requested that they be provided with access to the centre over the weekend. This had not happened and did not provide assurance that residents' choice was fully facilitated so that they could define the service that they wanted to receive. During this inspection, the provider did express their intention to provide residents with greater access to the centre and outlined the steps they intended to take to provide residents with this.

Inspectors were satisfied that residents' choice was respected in other areas, for example, residents told inspectors how they were involved in choosing the decor for the designated centre and that they went on weekly shopping trips to a nearby grocery to obtain the food they wanted for the week ahead. Residents were also involved in cooking and preparing their own food with support provided from staff if required. Staff members were seen engaging with residents in a respectful manner and each resident had their own private bedroom with facilities to store their personal belongings.

In keeping with the supported living model of care, each resident had an individual personal plan in place which was developed with their active involvement. The plans outlined any needs of residents and the supports to be provided meet these but some improvement was required to ensure that plans were kept up to date. Given residents' independence level, they provided for their own medical care but the provider ensured that healthcare assessments were carried out and support was provided for residents, if required, to attend medical appointments.

Appropriate procedures were in place to ensure that residents living in the centre were protected from all forms of abuse and residents indicated that they felt safe in

the centre. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff members who had received safeguarding training and demonstrated a good knowledge in this area. Appropriate intimate care plans had been put in place.

The inspectors were satisfied that appropriate efforts were being made to protect the health and safety of residents living in the designated centre. An updated risk register was in place and each resident, where required, had individual risk assessments in place to promote their safety and quality of life. Regular reviews of the premises provided were also carried out to ensure that any defects were identified and addressed.

The designated centre was also provided with fire safety systems including a fire alarm system, emergency lighting, fire doors and fire extinguishers. Fire drills were being carried out regularly including some drills conducted during the night to simulate times when there would be no staff present in the centre. Residents spoken to indicated that they participated in such drills and demonstrated a good awareness of what to do in the event of a fire alarm activating. This provided assurance regarding the safety of residents living in the centre.

### Regulation 12: Personal possessions

Residents had their own bedrooms and sufficient storage facilities to keep their personal items. Residents were independent in managing their own finances. A policy relating to residents' personal property and finances was in place.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities for recreation and activities. Residents also used their independence to avail of services and facilities in the local community such as shops and restaurants. Access to education, training and employment was encouraged if residents chose to engage in these.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was presented in a clean manner on the day of inspection and was observed to be in a good state of repair. The premises was observed to be

spacious and was well furnished and decorated to give it a homely feel. Any actions from the previous inspection relating to premises had been addressed.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents chose, bought and cooked their own food. Assistance was available if required and adequate arrangements were in place for food to be stored hygienically.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide was in place but it did not include details on how to access inspection reports. There was also lack of sufficient details on the arrangements for resident involvement in the running of the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

A policy relating to risk management was in place which outlined the process for the assessment and review of risk. Any risks identified had corresponding risks assessments in place. An emergency plan was in place which outlined the steps to be followed and the people to be contacted in the event of a number of emergencies such as fire and a loss of power, taking place.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire systems were in place including extinguishers, fire alarm, emergency lighting and fire doors. Maintenance checks were being carried out by external contractors but the frequency of these checks required reviewed. Staff had received fire safety training but some were due refresher training in this area. This is addressed under Regulation 16: Training and staff development. Fire drills were being carried out at

regular intervals including drills at night time. Residents spoken to were aware of what to do in the event that the fire alarm was activated.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were independent in the management of medicines and assessments had been carried out in this area. Residents had their own individual secure lockers to keep their medicines. Medicines record were maintained but it was noted that the maximum dose for PRN (as required) medicines was not stated on prescription records.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Assessments had been carried out with personal plans put in place. These were developed in a person centred manner and involved the active participation of residents throughout. While most areas of the personal plans had been reviewed within the previous 12 months it was noted that some parts some plans had not. It was also observed that some goals contained in plans did not clearly set out who was responsible for pursuing goals and the associated timeframes.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were responsible for providing their own medical care. Healthcare assessments had been carried out. Residents ensured that they attended any appointments with allied health professionals. Support was available for this, if required. Arrangements were in place for the designated centre to be made aware of outcomes from such appointments.

Judgment: Compliant

### Regulation 8: Protection

Residents spoken to indicated that they felt safe in the centre. The person in charge served as a designated officer and was knowledgeable of the safeguarding processes in place. Training records indicated that staff had received relevant training. Intimate care plans were also in place. The safeguarding policy in place required reviewed to reflect national policy. This is addressed under Regulation 4: Written policies and procedures.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect by staff and management in a manner that respected their rights. Residents had their own private bedroom and chose the decor of the centre. However, the designated centre was only open Monday to Friday. The residents living in the centre were very independent and some had requested that they be provided with access to the centre over the weekend. While the provider was aware of this and outlined their intention to facilitate this, it had not happened at the time of this inspection. This did not provide assurance that residents had full freedom to exercise choice and control in their daily lives to define the service that they wanted to receive.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Dolmen House OSV-0002067

Inspection ID: MON-0021430

Date of inspection: 18/04/2018

## 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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The registered provider will submit a copy of the company's certificate of incorporation. The personal information form will be signed and dated by the registered provider. The registered provider will submit details of previous experience of carrying on the business of a designated centre in Ireland. A copy of our up to date insurance for the designated centre will be sent to HIQA, to ensure compliance with registration regulation 5.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has booked training for staff in the following areas: Safe Administration of Medication- training booked & completed on 16 <sup>th</sup> May 2018, Fire Safety Training- training booked & completed on 24 <sup>th</sup> April 2018, Epilepsy Awareness & Buccal Midazolam-training booked & completed on 16 <sup>th</sup> May 2018 Studio 111 training booked for 8 <sup>th</sup> of June 2018	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Person in Charge will update the Directory of Residents to include the resident's date of admission to the Centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management: The registered provider will ensure that 2 unannounced inspections are carried out in line with regulation 23. One of the inspections will be carried out by a person outside of the service as nominated by the registered provider. The second unannounced inspection will be carried out by a person nominated by the registered provider within the service. The annual inspection will be carried out by the registered provider in line with regulation 23, using the annual audit review template designed by HIQA.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider will update the Statement of Purpose to include the following: there will be more detail for residents in the Statement of Purpose in relation to procedures for reviewing their Person Centered Plans. The Complaints officer will be named in the Statement of Purpose. Holiday times and centre closures will be outlined in the Statement of Purpose. The organizational structure will be updated for residential services. Bedroom sizes will be added to the Statement of Purpose.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Complaints policy will be updated to include the name of the person nominated to oversee the complaints officer to ensure that complaints are responded to and records maintained.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider will ensure that the following policies are reviewed and updated in line with national policy and reflect practices within the designated centre: The Safeguarding policy, the admissions policy and the complaints policy will be reviewed and updated.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The residents guide will be updated by the Person in Charge to include the following information for residents: Information will be added to the guide for residents so they know how to access HIQA inspection reports on the centre where they live. The guide will be updated to include more details for residents on the arrangements for resident involvement in the running of the home where they live.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Safety training was carried out for residents and staff on the 24/04/2018.	

<p>The staff team and Person in Charge will be more descriptive when writing up the feedback and follow up from Fire drills within the designated Centre. The Person in charge has linked with our external contractor re maintenance checks on our emergency lighting system. At the time of the inspection we had an annual maintenance contract in place for our emergency lighting, this has now been upgraded to 4 checks per annum in line with Fire safety regulations.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The person in charge will ensure that all protocols that support residents to manage their epilepsy will be accurately reflected on prescription records and updated in line with our Medication Policy.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  Person Centered Plans are in place for residents. The areas of the person centered plan that are due for review will be updated and goals set accordingly.  The person in charge will ensure that the goal setting section of the person centered plan, will be reviewed and updated so that the staff team can clearly track the progress of goals and who is responsible for each goal identified within agreed timeframes.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The designated centre operates over 5 days per week. The residents have identified that they would like the house to become a 7 day house. The registered provider will work in conjunction with the HSE to ensure that the residents' needs and wishes are addressed in terms of moving the house towards a 7 night house.  In conjunction with the above process, the person in charge, the staff team and the residents have identified and costed emergency response technology from a specialist provider which will increase residents' independence and maximize the emergency response system already in place. There is a cost to this system and we are currently working with healthcare professionals to access funding for this system. Once this technology is in place in the centre, residents can increase and maximize their independence over the weekend. The on-call system currently in place will be increased to facilitate this.</p>	

## 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	31/05/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	11/06/2018

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/06/2018
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	29/06/2018
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	29/06/2018
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.	Not Compliant	Orange	31/07/2018
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review	Substantially Compliant	Yellow	31/12/2018

	of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/07/2018
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	30/05/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	29/06/2018

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	29/06/2018
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: the person nominated under paragraph (2)(a) maintains the records specified under paragraph (2)(f).	Substantially Compliant	Yellow	22/06/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3	Substantially Compliant	Yellow	31/07/2018

	years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	20/07/2018
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	20/07/2018
Regulation 09(2)(b)	The registered 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.	Not Compliant	Orange	28/09/2018