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:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	03 October 2018
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0021697

About the designated centre

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

Ré Nua provides full-time long term care to six residents, male and female over 18 years old. Care is provided to residents who have a primary diagnosis of intellectual disability and may have a secondary diagnosis of mental health and physical disabilities. The centre is situated in a rural town with good access to the the local community and is a modern single story well equipped and laid out building. Each resident has their own bedroom complete with en suite facilities decorated as residents/families so wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
03 October 2018	09:30hrs to 19:30hrs	Noelene Dowling	Lead
03 October 2018	09:30hrs to 19:30hrs	Liam Strahan	Support

Views of people who use the service

Inspectors met with all residents and spoke with 4. Residents communicated in their own preferred manner and allowed inspectors to observe some of their routines and activities.

Residents said the staff were very good to them and the nurses knew everything about them. They said they would tell the manager any worries they had and that staff kept them very safe. They enjoyed their activities and work and loved being able to go shopping and went to the doctor whenever they needed to. They liked having their own bedroom space with all their possessions and liked staff to lock their rooms during the day to keep all their belongings safe.

Capacity and capability

Overall the service provided was found to be effectively managed, with the quality and safety of care regularly audited. Positive outcomes for residents were found.

Inspectors found that on the day of inspection there were suitable management systems in place, with clear lines of accountability and responsibility. The registered provider had identified a suitable representative, persons participating in management and person in charge who was suitably qualified and experienced and engaged full-time in the role.

There were effective systems for reviewing the quality of service and care provided through unannounced visits, resident feedback, family feedback, annual reviews and a schedule of wide-ranging audits.These systems were seen to identify areas of shortcoming, result in action plans and to oversee the implementation of improvements.

Additionally monthly Regional Management Meetings had re-commenced in August 2018 and staff meetings were also held regularly. Minutes of these meetings demonstrated that learning from audits and feedback were reviewed at such meetings, ownership of actions assigned and information appropriately disseminated.This process helped to protect residents and promote their welfare.

Some additional review was required in the use and oversight of restrictive interventions to ensure they were adequately assessed and appropriately implemented if absolutely necessary.This is detailed in the Quality and Safety section of this report.

Inspectors met residents and also reviewed questionnaires filled by (or on behalf of) residents. Feedback from residents was positive, with residents expressing that they were happy with their accommodation, space, social outings, ability to express concerns and feeling safe and supported by staff. Relatives met by inspectors expressed the same levels of satisfaction with the service and also expressed happiness with the levels of supports afforded to residents for home visits.

The statement of purpose met the requirements of regulations. This detailed the care and support to be provided for residents with physical, intellectual and mental health needs and the structures and facilities to provide these. Inspectors observed that the service delivered on the day of inspection matched that described in the statement of purpose.

The provider had engaged a suitable number and skill mix of staff. The residents were assessed as requiring full-time nursing care and this was available to their benefit. While some vacancies existed agency staff were engaged in a consistent manner, ensuring continuity of care while recruitment was ongoing. Staff files however, including those of agency staff, required review to ensure they contained all information required by Schedule 2 of the regulations. Staff had access to a range of mandatory training, including refresher training where needed.

At the time of inspection the person in charge had implemented a system for formal staff supervision and appraisal. Systems for formal supervision of the person in charge however, were only being implemented and this was scheduled to commence in the days following inspection.

Staff met by inspectors were found to be knowledgeable of residents and were seen to interact with them in a dignified and respectful manner.

Suitable processes and procedures were in place around complaints and where complaints were made they were seen to be resolved.

Registration Regulation 5: Application for registration or renewal of registration

All required documentation for the application to renew registration was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was appointed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

Staff numbers and skill mix were appropriate to meet the social and nursing needs of residents. Where agency staff were engaged they were in a consistent manner.

In the sample of staff files reviewed inspectors were unable to ascertain if full employment history had been recorded. Additionally the provider had not obtained verification of An Garda Siochana vetting and references for agency staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of suitable training. Where gaps in training arose refresher training had been scheduled prior to the inspection.

The person in charge had begun staff supervision processes in the weeks preceding this inspection.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

An satisfactory annual review and six monthly unannounced inspections of the service had occurred, as required. A schedule of audits was in place and learning from these was disseminated to promote quality improvement.

The provider had reduced their defined management structure and support system in the preceding twelve months. While this exposed the quality of service to some

risk on this occasion there was no apparent negative outcomes for residents.

Formal supervision for the person in charge, while scheduled to commence, had not commenced at the time of inspection. This had been an action in the inspection report of 08 May 2017.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

At the time of inspection there had been no new admissions. A suitable policy was in place. Residents had suitable contracts for provision of service.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. It contained all data required by Schedule 1 of the regulations and on the day of inspection practice within the centre was found to match the practices laid out in the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents, incidents and other records indicated that notifications required by Regulation 31 had been submitted to the office of the chief inspector, as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There had been no period where the person in charge had been absent for 28 days or longer. The director of nursing was aware of the provider's responsibilities to notify the office of the chief inspector as to such absences.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had informed HIQA of the procedures and arrangements for the management of the centre in the absence of the person in charge and these were satisfactory.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable policy and procedure was in place for effective management of complaints. A review of the complaint log indicated that any complaint made had been effectively recorded and resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

Suitable policies and procedures were in place to guide the effective running of the service. These were mainly kept under review; however three policies required by schedule 5 had not been reviewed by the provider within the last three years to ensure that they remained in accordance with best practice; as required by Regulation 4 (3).

Judgment: Substantially compliant

Quality and safety

The residents had complex medical and behaviour support needs and inspectors found that the care practices were designed and carried out in a manner to promote the best possible outcome for them. Some changes were still necessary however, in how restrictive practices were assessed and managed. Despite this inspectors found that their quality of life and safety was prioritised.

Residents had very good access to a range of pertinent, multidisciplinary assessment

with very detailed support plans implemented with all of the needs seen to be followed by staff. Their health care needs were identified and monitored carefully with age and gender appropriate screening available to them. The staff and person in charge were seen to be proactive in advocating for the residents needs to be recognised and supported.

Three monthly multidisciplinary reviews were held which were informed by the residents assessed and or changing needs. These were comprehensive. In addition to this an annual review of their care and psychosocial needs were held which included the resident and or their representative. These reviews planned for ongoing supports and set goals for the residents to achieve based on their own preferences.

The actions required from the previous inspection were in relation to how residents' social goals were identified by the residents and achievement of them. A revised template been implemented which demonstrated how consultation with residents had taken place and that the goals set were actually achieved. For example, they attended concerts of the own choice, went shopping and went to the beach. However, while general routine access to chosen activities was consistent these specific but not unusual aspirations were only facilitated once according to records available to inspectors.

Their general social care needs were encouraged and supported. They were supported to continue to develop and maintain fundamental life and self care skills. They participated in courses in gardening and arts and crafts and their work was used to decorate the centre. One of the residents goes to day care service /training twice weekly and she told the inspectors that she really enjoyed this and the fact that she got paid for dong this work.

Where formal day care was not deemed suitable for the resident needs a range of activities was planned including art therapy and sensory supports in the centre. Residents went horse riding and swimming, shopping and out for lunch or coffee. The staffing levels supported these activities. The residents told inspectors they enjoyed these activities. They had easy access to the local community.

Residents were consulted regarding their care in a manner appropriate to their needs. This included residents meetings, where meals and activities and house rules regarding how to treat each other. Some residents had keys to their own bedroom doors and used these at night. At residents requests the bedrooms were locked during the day. They had access however as they wished. A number of residents were assessed as being suitable to self-medicate and this was facilitated. Where possible residents did their own laundry, with the support of staff. Residents' finances were managed with support from staff and the records were maintained in detail and transparently.

However, certain historical and institutional practices were observed. The staff who were primarily nurses, wore uniforms and there were overtly clinical aspects in the premises, such as hand sanitizers in every room, office type signage in all areas. The potential impact of these on the environment which was the residents home were discussed with the person in charge and the director of nursing at the verbal

feedback for their consideration.

However residents were observed to be treated with dignity and respect and consideration by staff at all times and were very engaged with the staff.

The provider had taken appropriate steps to ensure that residents were protected from abuse. There was evidence of good oversight of practices by the person in charge and prompt actions and reporting systems where any incidents occurred.

This was enhanced by the significant improvements made in accessing specialist clinical guidance for the support of residents' behaviour and mental health needs. The incident reports reviewed demonstrated the benefit of this for the residents quality of life.

There were detailed behaviour support plans which demonstrated a comprehensive understanding of the underlying factors which preceded episodes of behaviours that challenged and guided staff in preventing episodes of escalation. Frequent and ongoing access to psychiatry and medication review was evident. Inspectors found staff very knowledgeable and understanding of the residents needs in this area.

Safeguarding plans had been revised since the registration inspection. However, they required some review to address specific interventions identified as necessary in some instances of peer related behaviours. In addition to this, while there were very detailed plans to support residents with personal care they did not take account of the need to ensure their privacy and bodily integrity were maintained. Staff however outlined good practice in both these areas to inspectors.

Changes were still required however, in the use of restrictive procedures, adequate assessment and review of their necessity and the impact of them. A number of restrictions were implemented in the centre. These included locked external doors, which were reasonable based on the needs of the residents. However, a number of internal doors were also locked. Access to the kitchen was fully restricted at all times by a locked door and the use of a metal hatch. The listening devise noted previously remained in used in a resident's bedroom. This was a highly intrusive practice.

It was of concern that the rational for a number of these restrictions was ambiguous as to whether they were reflective of the residents or the organisations preference. For example, inspectors were advised that as the kitchen contained a burco-boiler it was not safe for residents. Further discussion however indicated that the exit door from the kitchen was in fact left open to facilitate the catering staff delivering the meals and therefore there was a risk of residents leaving the centre. No alternatives to these had been considered.

This points to a lack of clarity regarding the reasons for the restrictions and lack of full knowledge of precisely what restrictions are being used. No complete log of these was maintained which would assist in oversight and revaluation of them.

A revised decision making template had been devised and a number of persons were involved in the decisions to maintain the restrictions. There was no evidence of

seeking alternatives or reducing the usage however in the reviews seen.

The provider had advised inspectors previously that a rights committee had been set up in 2017 and oversaw these practices. In effect the committee, made up of suitably qualified external persons had not been functioning. Correspondence seen by inspectors recorded that this committee had recommended that significant training was needed by the staff in relation to the meaning and use of restrictions of this nature in order for the committee to proceed with its work. This had not been undertaken.

Medicines were used to manage some episodes of challenging behaviours but from a review of a sample of the records inspectors found that these were not used inappropriately and were frequently reviewed.

The premises accommodates up to 6 residents in large single en suite bedrooms with small kitchenettes in 3 of the rooms although these are not used by the residents. All en suites were assisted and suitable for the use of equipment or wheelchairs. The bedrooms were very comfortable with numerous personal belongings. There is also a sensory room which was seen to be used. The premises were easily accessible, spacious and bright with large windows, well ventilated, had central heating and decorated to an adequate standard if somewhat clinical in design.

There is a comfortable private garden which has been modelled to facilitate the residents and contained colourful plants, seating and bird tables and was used by the residents. The premises met the current and changing needs of the residents.

Risk management procedures were satisfactory with a centre specific risk register detailing the pertinent risks both, clinical and environmental maintained. This helped to keep the residents safe and secure in their home. Resident had comprehensive individual risk assessments undertaken which were revised as their needs changed. Fire safety systems were satisfactory with good containment areas and all equipment serviced and maintained as required. Residents told inspectors what they did when the fire alarm was activated although practice drills night-time staffing levels had not been undertaken for some time.

Regulation 10: Communication

Several referrals to relevant clinicians to advise on residents communication needs had been made. Although these had not been sourced there were detailed support plans to assist residents to communicate and staff were seen to be very familiar with their means of communication.

Judgment: Substantially compliant

Regulation 17: Premises

The premises continued to meet the current and future needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents dietary needs were monitored and their choices regarding their food were known and supported by staff.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were good arrangements in place in the event of a residents needing to be transferred to another facility.

Judgment: Compliant

Regulation 26: Risk management procedures

A suitable risk management policy was in place and was within date. A suitable risk register was in place.

Suitable arrangements were in place for learning from incidents with a view to risk reduction and service improvement.

Suitable arrangements were in place for servicing of equipment and vehicles.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable and safe arrangements were in place for service and routine inspection of

fire safety equipment, fire alarms, emergency lighting and emergency exits.

While fire drills had been taking place routinely it has been over two years since there was a fire drill with night-time staffing levels undertaken.

The Fire Evacuation plan require review to ensure that evacuation, if required, was directed in the most time-efficient manner.

However residents did have detailed personal evacuation plans.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Systems for managing all medicines were safe and residents medicines were frequently reviewed and monitored for affect.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had very good access to a range of pertinent multidisciplinary assessments with very detailed support plans in place to met these needs. These were frequently reviewed and monitored.

Their social care needs and preferences were very well supported and there were sufficient staff available to ensure this happen.

However, in some instances where specific non routine preferences were identified by residents these might only occur once in the year which limited the residents access to or experience of them.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to all health care supports necessary and records showed that staff were vigilant and responsive to this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had good ongoing access to psychiatric and psychological intervention and a behaviour support specialist provided detailed guidance to staff in supporting them.

However, systems for reviewing the restrictive practices in place were not robust or transparent.

Judgment: Not compliant

Regulation 8: Protection

Systems for the protection of residents and responses to any incidents of an abusive nature were robust.

Some further detail was required in the safeguarding plans and intimate care plans however to ensure staff had clear guidelines to follow in regard to these.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted regarding their care and supports in a manner appropriate to their needs and the care provided was person centred according to their wishes and preferences.

Some aspects of the premises and the fact that staff wore uniforms were discussed with the person in charge at feedback for consideration.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0021697

Date of inspection: 03/10/2018

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**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Outline how you are going to come into compliance with Regulation 15: Staffing: HSE, Human Resource Department to audit all staff files and ensure they are compliant with Schedule 2 of Health Act 2007. Timeframe: 31.01.19 Verification of Garda Vetting and References and Mandatory Training has been received from various agencies providing staff to Re Nua. Timeframe : Completed However due to GDPR policies the agencies are unable to provide a complete file. This issue needs to be raised at national level and the risks involved are being escalated to obtain the support of national HR in obtaining the information required for each agency staff member. Timeframe: 31.05.19	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Clinical Supervision commenced for PIC on the 15th October 2018 and scheduled again for 6 months time as per local supervision policy Timeframe: Completed Organogram of governance structure as per Statement of Purpose on display in the	

Designated Centre. All key people as per this management structure are reinstated and in position to provide governance and support to the designated centre.

Timeframe: Completed

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1. Safeguarding policy: National draft safeguarding policy 2018 in circulation. The technical writing group are undertaking further analysis and are meeting again in December then the document will go for legal and epidemic review before being presented to leadership and tabled at the National Joint Council. Currently operating within the National Policy 2014 and Trust in Care. Timeframe re updated policy 31st July 2019.

2. Received up to date policy from the Human Resource Department on Garda Vetting 'HSE Garda Vetting Process' April 2016. Timeframe: Completed

3. The creation, access to, retention of, maintenance of and destruction of record policy is out of date 2013. The last National policy on creation, access to, retention of, maintenance of and destruction of record policy was reviewed in 2013. On inquiry, there are no fixed plans to review this policy. This has been highlighted to the relevant HSE personnel in Consumer affairs, South. The designated centre is currently operating within the 2013 policy. Timeframe: update to be requested from Consumer Affairs to be reviewed by 31/01/2019

4. Risk in relation to the policies being out of date to be escalated to General Manager by 30.11.18

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication: Speech and Language Therapist has been identified and awaiting final action plan to commence sessional work with residents. Timeframe :Speech and Language therapist for communication to commence 31/01/2019

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Night time fire evacuation carried out on the 12/10/2018.

Fire policy updated and reviewed in line with Personal Evacuation Plans and these were signed off on the 18/10/2018

Timeframe : Completed

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Review the format of the activity plan, non routine preferences are regularly included throughout the year. Where goals were set for activities to be sampled, if these goals were enjoyed these activities will be incorporated into the persons regular activitation plan.
Timeframe:31/01/2019

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Continue to adhere to the services Restrictive Practices Policy and continue with the system for prescribing, recording and reviewing Restrictive Practices with the Interdisciplinary Team
Put in place a register to record the overall number and type of Restrictive Practices and Rights Restrictions in place in Re Nua in addition to the log of Restrictive Practices maintained for each person
Improve the quality of documentation on the discussion of the alternatives to Restrictive Practices that could be used and why they are or are not appropriate.
Each alternative Restrictive Practice will be risk assessed.

Audit of the review of restrictive practices to be carried out annually. Rights Review Committee to recommence regular meetings Training will be provided to all staff to enhance understanding of Residents Rights and Restrictive Practices and Rights Restrictions. Trainer has been identified and schedule of training to be completed. Timeframe : 31/03/2019 and ongoing

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Key workers have reviewed the residents care plans, and update them to include reference to “Ré Nua intimate care policy” for each resident. Key workers have review each individual safeguarding plans and include further details. Timeframe: Completed	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/01/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/01/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and	Substantially Compliant	Yellow	20/11/2018

	details responsibilities for all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/11/2018
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.	Substantially Compliant	Yellow	20/11/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/11/2018
Regulation	The registered	Substantially	Yellow	20/11/2018

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
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 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where	Not Compliant	Orange	31/03/2019

	a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	20/11/2018
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	20/11/2018