



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

## Issued by the Chief Inspector

Name of designated centre:	Delta Willow
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	29 September 2020
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0030413

## About the designated centre

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

In this centre care and support is provided to people with intellectual disability who have additional needs associated with having an older age profile. Six residents live in this designated centre, which comprises a large and spacious custom built detached house in its own grounds and close to the nearest small town. There is a large and bright open plan living area comprising the kitchen, dining area and sitting area. there are also various other small living areas, including a seating area beside a large window, and a further small living room. Each resident has their own bedroom, each of which is decorated and furnished in accordance with the needs and preferences of the individual person. A vehicle is available for the use of residents, and the house is close to public transport.

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

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 29 September 2020	15:30hrs to 20:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is home to six residents, on the day of inspection five residents were present in the house and one resident had been supported to attend a hospital review and had not returned before the inspection finished. This inspection was not announced and took place from late afternoon into early evening in the backdrop of the COVID -19 pandemic. The inspector adhered to national public health guidance with respect to infection prevention and control practices, hand hygiene and the wearing of personal protective equipment (PPE).

Residents remained in the living room area throughout the inspection, moving only for a meal or to use the bathroom. The inspector noted that the three staff on duty were engaged in caring for all residents and were seen to be respectful and kind. One resident moved to greet the inspector on arrival and was aware that they needed to maintain social distance. They explained that they were relaxing and listening to music on the television. The other residents were less aware of the inspectors presence however were relaxed and appeared to enjoy the music.

Later the inspector noted that two residents were supported by a staff member to have a meal while the other residents were watching the television. One resident had been supported to rest in their room in bed as they had indicated they were feeling tired. As the evening progressed the staff were seen to support residents in changing out of their clothes into nightclothes and supporting residents with personal hygiene and this was completed with respect and with simple and easy to follow directions.

On observation and discussion with staff across the different staff teams in the afternoon and evening, it was apparent that there was limited time to support residents in engaging in social activities and in getting out and about. One resident liked to sit outside if the weather was good but there were less opportunities to spontaneously go out as there were not sufficient staff available and this will be outlined in more detail throughout the report.

## Capacity and capability

This was a risk based inspection, carried out in response to ongoing concerns regarding levels of staffing in place to provide a safe level of care and support to residents. Following the last inspection, the provider had been invited to provide the Chief Inspector of Social Services with regular updates regarding the level of service provided to residents and the lack of assurance provided had resulted in this unannounced inspection.

This inspection found that there were governance systems and structures in place for oversight and direction of care. However, despite this improvements were required in a number of areas to ensure the quality of life, safety and well-being of all of the residents.

There was a suitably qualified, full time, person in charge, with additional oversight by the residential services manager. The provider had a number of quality assurance systems in place with audits and provider reviews undertaken frequently to monitor the care. These audits included residents finance's, personal planning, health and safety and fire safety. The provider's annual report for 2019 was completed. However, while a number of these reviews were very detailed, the inspector was not assured, based on the inspection findings, that issues identified by the audits were being satisfactorily addressed within the centre and in addition the inspector found that some risks were not being adequately identified despite these systems.

The centre was not well resourced in terms of staffing, with a low staff ratio provided, with up to three staff on duty during the day and two night staff, one waking and one sleeping. The number was not suitable to meet the assessed needs of the current group of residents. While this allowed for two to one support being available to a single resident in accordance with their assessment of needs at a given time the remaining five residents, some with equally high needs were supported by a single staff member for that period of time.

Day service staff from the wider organisation had also been deployed to ensure that the above stated levels of staff supports had been in place throughout the COVID-19 pandemic. However, as these staff rotated to other centres run by the provider the consistency of staffing required to support this group of residents was not ensured.

From a review of the staff training records mandatory training was up-to-date for staff although some day staff members were not included on the training matrix of the centre as they rotated between centres. However from a review of personnel files the inspector could see that required training was in place. Staff identified as the core team allocated to this centre were in receipt of support and supervision as outlined in the providers policy. However this was not the case for the deployed staff who had not been in receipt of formal supervision.

The provider and person in charge had submitted notifications as required by the regulations to the Chief Inspector. The inspector also reviewed records of adverse events and incident records for this centre and noted a number of falls and incidents that had occurred when there were insufficient levels of staffing available to provide safe supervision to residents.

## Regulation 15: Staffing

On completion of this inspection, the inspector was not satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents. Residents in this centre had complex and changing health needs with assessments in place indicating their assessed needs as greater than those provided.

Judgment: Not compliant

### Regulation 16: Training and staff development

From a review of the staff training records mandatory training was up to date for staff, not all staff were reflected on the training matrix due to their being deployed from another area of the providers service and rotating between centres.

A number of staff were not in receipt of supervision as outlined in the providers policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Despite the clear governance structures and systems in place for oversight and direction of care, improvements were required in a number of areas, to ensure the quality of life, safety and well-being of all of the residents. The inspector was not assured, based on the inspection findings, that issues identified were being satisfactorily addressed in a timely manner and found that some risks were not being adequately identified despite these systems.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The provider and person in charge had submitted the required notifications to the chief inspector of social services.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had in place all policies and procedures as set out in Schedule 5 of the regulations. Review of these indicated that where required they had been updated to include information pertaining to COVID-19. There was a schedule of review in place. Two policies were due review however, the providers safeguarding policy and the policy with respect to managing residents personal property and finances. These had been identified as requiring review by the provider.

Judgment: Substantially compliant

## Quality and safety

Overall the inspector found that the residents lived in a warm, comfortable home that was specific to their assessed needs. While the existing staff team were attempting to support residents to engage in meaningful activities this was not consistently occurring as staff time was taken in ensuring the residents care needs were met as a priority. Resident's changing care and support needs put them in a high dependency category and their associated care and supports required were observed to be considerable in this centre. Staffing and support of residents in line with their assessed needs required a comprehensive review.

Residents' healthcare was supported through good access to G.P's (general practitioners) other specialist clinicians and health and social care professionals. All residents presented with complex and changing health needs and they required staff support for all activities of daily living. A number of residents had requirements for two staff members for example when transferring from one position to another using a hoist. In this instance when only three staff were on duty only a single resident could have their personal care needs attended to at a time. The inspector found that the collective assessed needs of the current group of residents were challenging for the current staff team to manage safely in this group living environment.

Review was required with regard to fire safety since the last inspection as residents mobility had declined, with particular emphasis on suitability and safety of the evacuation procedures. While three fire practice drills had been undertaken since the last inspection these indicated that even in the day with all residents alert and awake and three staff members available for support the time taken to evacuate was high. No night time drill or simulated drill had taken place in over a year and given the requirement for two staff members to hoist a number of residents the inspector discussed concerns with the person in charge and residential services manager on the ability of the staff to evacuate all residents if they were in bed or required transfer into their wheelchairs. There were no adequate measures outlined, should this occur in the event of a real emergency and in particular at night time. In addition, the records seen by the inspector indicated that the fire alarm and emergency lighting equipment had not been serviced quarterly as required.



The risk management systems in place were not satisfactory to protect the residents from harm. There was a risk register and the residents had individualised risk management plans for most of their assessed needs. However, there had been no individual risks associated with COVID-19 assessed for and where residents were attending hospital appointments for example, no risk assessments were in place for these events. In addition, a number of risks that had been assessed for, had not been reviewed in over a year both for individuals and the centre. A number of assessed risks in place were noted to have control measures in place that were not reflective of the reality in the centre, such as staff vigilance at all times to prevent residents from falls or from wandering onto the busy road outside the centre.

Infection control procedures were in place and the provider had implemented a range of strategies to prevent and manage the COVID- 19 pandemic. These included restrictions on residents' activities and access within the community, visitor's and staff procedures when coming on and leaving duty. A contingency plan was available in the event of staff being unavailable due to illness. Sanitising and cleaning systems were undertaken in the centre and on the vehicles. However, it was of concern that on the day of the inspection the inspector was not asked pertinent screening questions on arrival nor directed to any sanitising systems available at the entry point to the premises. In addition in order to record the temperature of the inspector they entered as far as an area of the house with residents present before staff located the thermometer. The inspector was advised that this was not the usual situation but there was no clear explanation for the deficit on the day, which in the current public health crisis could pose a risk to all persons in the centre. In addition over the course of the inspection the inspector noted that a basin used for soiled laundry was placed in the sink identified for staff to engage in hand hygiene. This resulted in staff having to move the basin to wash their hands and then handling it again after washing. All staff were seen to wear masks as required over the course of the day.

The residents were consulted regarding some of their routines and preferences and staff were seen to support them to make choices such as food choices at meals. They were being supported to understand the reasons for any restrictions or individual supports they required at this time. Some easing of restrictions was taking place, including visits with families and they were happy with this.

However, it was very apparent, that their right to a safe environment and dignity in their daily lives were regularly impacted on by the inadequate levels of staffing to support them safely in accordance with their assessed needs. .

## Regulation 13: General welfare and development

Residents were not consistently supported to participate in a range of activities

which reflected their assessed needs and personal goals.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that a risk management policy was in place. However not all risks had been identified and assessed for in the centre such as the risks associated with COVID-19 for residents. Additionally some of the identified risks that were in place had not been reviewed as required in the time frames set out in the providers policy.

Judgment: Not compliant

### Regulation 27: Protection against infection

The provider and person in charge had ensured there were cleaning schedules in place and sufficient quantities of personal protective equipment that was in use as required. The infection control policy had been updated to include up to date guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

However, it was of concern that on the day of the inspection the inspector was not asked pertinent screening questions on arrival nor directed to any sanitising systems available at the entry point to the premises and had access to areas of the house with residents prior to temperature checks being completed.

In addition, the area identified for staff hand washing was also in use for soiled laundry which staff were observed to handle after engaging in hand hygiene.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had not ensured that the effectiveness of the centre's fire evacuation arrangements had been assessed under all circumstances and was reflective of staff knowledge and numbers. In addition, there was not evidence that the fire alarm and emergency lighting equipment had been serviced quarterly as required.

Judgment: Not compliant

## Regulation 6: Health care

Residents had complex and changing health needs in this centre. They were supported to access health care professionals as and when required and in-line with their assessed needs.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Delta Willow OSV-0005526

Inspection ID: MON-0030413

Date of inspection: 29/09/2020

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In the last 12 months there has been continuous communication with the funders regarding Delta Willow and the current staffing resources, this includes:</p> <ul style="list-style-type: none"> <li>• one DSAMT submitted late 2019, which was revised and adjusted at the request of the funder and then resubmitted</li> <li>• a second separate DSAMT submitted in mid-2020.</li> <li>• approximately 28 communications via email /letter directly to the funder and numerous phone calls to discuss the progress of the request for additional funds.</li> </ul> <p>Since we received the verbal feedback from the inspector on the day of the visit (29th of September) and the subsequent report we have been working with our external funder to try and put in place a solution that will best serve all of the individuals living in Willow. A new DSAMT &amp; Costing Matrix for Willow was sent to the funder on the 09th of Oct and at the request of the funder a revised version of the DSAMT &amp; Costing Matrix was sent on the 14th of Oct. On the 28th of October Delta received confirmation that there will be two months funding approved as an interim solution to allow Delta to implement the appropriate staffing to reflect the needs of the residents of Delta Willow for a period of two months. This will allow for the funders nominated Consultant Geriatrician to complete their assessment of the individuals over 65 in Willow and a long-term plan to be agreed.</p> <p>Delta Centre will now look to increase the staffing situation in Willow to reflect the needs of the individuals there:</p> <ul style="list-style-type: none"> <li>• 30 hours per week of nursing supports to meet the enhanced medical needs of the residents in Delta Willow is now in place since the 14th of October.</li> <li>• There will also be on-call nursing supports outside of these hours provided by the nursing team to Delta Willow.</li> <li>• A community employment (CE) staff will commence placement in Delta Willow from 10th of November for 19.5 hours per week, this individual will support activation for the residents in Delta Willow. Activities will be provided, and personal goals identified. (See</li> </ul>	

response to Regulation 13)

- Delta will begin the recruitment process immediately and will have the required staffing levels in place by the 11th of January 2020, but we will endeavour to bring this date forward if recruitment allows

The organisation will continue to correspond and address the issue with the funders to agree a more sustainable approach to delivering the appropriate staffing in Willow on a long-term basis

15 (3) Delta Centre has created a consistent panel of staff who are familiar and knowledgeable of the needs of the individuals in Willow creating a system of staff cover while also maintaining continuity of care of the individuals

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Redeployed staff from day services have now been placed on a training matrix and all required training will continue to be completed.</p> <p>Supervision for redeployed staff will be completed as per the organisation policy, the day service manager and residential manager will meet on a monthly basis to oversee the process. A record of these meetings will be retained and available.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In an effort to protect the individuals and the service delivery during Covid 19 restrictions a management decision was made to have the PIC working from the office solely. During this period the PIC was in constant contact with public health in relation to infection control measures and also to discuss any Covid concerns. Due to a large volume of self isolation sick leave additional administration resources were required to provide consistent staffing roster coverage and a safe and effective service.</p> <p>However the lack of a PIC on the ground in Delta Willow during Covid, reduced the level of on site governance. This been addressed from the 12th of October, the PIC has recommenced on site governance and reviewed documentation. The PIC has also</p>	

completed an audit on Delta Willow and the providers external auditor will complete an unannounced inspection on behalf of the provider in December 2020. The PIC presence will be ongoing regardless of the Covid situation and therefore a lapse in Governance will not occur again.

Enviromental risk assessments for the premises have been reviewed and updated. Individuals risk assessments have been reviewed and updated to be reflective of their current abilities and needs.

Risk assessments pertaining to Covid and the risks associated have been developed.

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 policy on safeguarding has been reviewed and updated by the designated officer.

The policy on resident's personal property and finances has been reviewed and updated by the Residential manager.

Regulation 13: General welfare and development

Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

A community employment (CE) staff will commence placement in Delta Willow from 10th of November for 19.5 hours per week, this individual will provide activation solely for the residents in Delta Willow. Activities will be provided, and personal goals identified.

The organisation will complete an assessment of the residents needs in Delta Willow to ascertain the suitability of their current residential placement. Once the review is completed a restructuring of the residents' placements may be required to ensure peer to peer suitability and sufficient activation is possible to suit the resident's needs in their current environment.

As already stated, Delta Centre's funder have informed on the 27/10/2020 that they are arranging for a Consultant Geriatrician to complete an assessment of the needs of clients over the age of 65 living in Willow



Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in charge has completed the necessary Covid-19 risk assessments for all the residents in Delta Willow and these will be reviewed and amended as required and in line with public health advice.</p> <p>The Person in Charge has completed a full review of the controls on individual resident's risk assessments and amended risks to reflect the current needs of the individuals.</p> <p>The Person in Charge has reviewed and updated the Environmental Risk Assessments for Delta Willow.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Post inspection the following controls have been implemented:</p> <ul style="list-style-type: none"> <li>• Zoom meeting between residential manager and all staff on the 14-10-2020 outlining the procedures and Policies already in place for visitors and what procedures are required to be followed when visitors enter Delta Willow.</li> <li>• Visitors policy was recirculated for all staff to ensure they are aware of the contents.</li> <li>• The importance of adhering to the visitor's questionnaire was discussed with all staff on 14/10/20.</li> <li>• The Person in Charge has introduced an appropriate laundry management program in line with infection control guidelines. Staff informed of new process on the 19th of October 2020.</li> <li>• Person in Charge introduced a spot check audit to monitor the adherence to the Covid-19 house visitor Procedure.</li> <li>• A video showing the exact steps of the visitor's protocol was recorded, this was made available to all staff on 15-10-20.</li> <li>• A staff meeting was held between Person in Charge and staff on 19-10-2020 to discuss the infection control policy and the procedures to be followed.</li> <li>• Risk assessments were developed for all individuals in Delta Willow relating to Covid 19 and the risk of infection.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Alarm and emergency lighting equipment serviced on the 2nd of October. The Person in Charge Audit has been updated to include checks for servicing of the Fire Alarm panel and emergency lighting.</p> <p>The Provider has engaged with local Fire chief who has reviewed current practices and provided recommendations and amendments to current practices. The Local Fire Chief also recommended that the provider seek the input of a Fire and safety consultant to enhance current fire evacuation procedures. Delta Centre met with the fire safety consultant on the 27th of October and he has submitted a quote for a full inspection and preparation of report for the safe evacuation of persons from Willow and to also include the specification, supervision and certification of any works required.</p> <p>Delta have agreed with the consultant to prioritise the review and provide a report on the current evacuation procedure in line with the existing fire Cert with compartmentalisation by Friday the 6th of November.</p> <p>Delta have also met with the approved housing association and they have agreed to implement the recommendations (if required) of the fire Consultant report to ensure that compartmentalisation of the building is appropriate.</p> <p>A Night-time fire drill was completed and documented on 08-10-2020. Fire drills are completed quarterly in Delta Willow, every 4th drill will be a night-time drill going forward.</p> <p>Fire door upstairs was repaired on 19-10-20.</p> <p>The Person in Charge Audit has been amended to confirm that all staff who work in Delta Willow are involved at least annually in the fire drill process.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	11/01/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	10/11/2020
Regulation 15(1)	The registered provider shall ensure that the	Not Compliant	Orange	11/01/2021

	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.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/10/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Not Compliant	Orange	28/10/2020

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	28/10/2020
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.	Not Compliant	Orange	28/10/2020
Regulation 28(4)(b)	The registered 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	Not Compliant	Orange	31/01/2021

	aware of the procedure to be followed in the case of fire.			
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	28/10/2020