



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

Issued by the Chief Inspector

Name of designated centre:	St Rosalie's Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	27 February 2020
Centre ID:	OSV-0001425
Fieldwork ID:	MON-0022889

About the designated centre

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

St. Rosalie's is a residential setting providing care and support for up to eight residents over the age of 18 with an intellectual disability with high support needs. The centre is located in a coastal village in Co. Dublin close to a variety of local amenities such as shops, restaurants, hotels and the local beach. The premises comprises of three floors the first of which has a large kitchen, store room, utility room, three dining rooms, two living rooms, two offices and three bathrooms. The first floor consists of eight single-occupancy bedrooms, four bathrooms, a staff sleepover room and a clinical room. The second floor consists of a visitor's room, a meeting room, three bathrooms, a dining room with a small kitchenette. There is also a sluice room and laundry room in the premises. The residents also have access to an additional outside space with bathroom and kitchen facilities for engaging in a variety of activities. There is a large well maintained garden with areas for residents for sitting and dining. Residents are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, clinical nurse manager, staff nurses, care staff, a chef and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 27 February 2020	10:00hrs to 18:40hrs	Gearoid Harrahill	Lead
Thursday 27 February 2020	10:00hrs to 18:40hrs	Marie Byrne	Support

What residents told us and what inspectors observed

During the inspection, the inspectors had the opportunity to meet with all seven residents living in the designated centre.

Inspectors observed interactions between staff and residents and noted them to be respectful in nature, with staff being familiar with residents' communication support requirements and preferences. Inspectors observed residents being supported to spend their time according to their choices and in their preferred locations. Staff members did not assist residents in their daily activities beyond their required supports, instead facilitating residents to be independent and to do things at their own pace.

Residents were seen being offered choice in their meals using communication methods most appropriate for each person. Some residents were supported by staff to go out for the afternoon to go bowling, which the residents enjoyed. Later in the afternoon residents were heard singing and laughing and as the evening went on, inspectors saw the residents relaxed in the living room watching TV with their fellow residents and staff. Overall inspectors witnessed a relaxed and comfortable atmosphere in the centre.

Staff and family members had supported residents to complete questionnaires on their satisfaction with the designated centre. In these, residents expressed how they enjoyed activities in the centre such as art and baking, as well as activities outside the centre such as being part of local community groups. Residents felt supported to make choices on what they did with their time, and referred positively to staff members, while expressing that regular staff with whom they were familiar were preferred over agency personnel.

Capacity and capability

Overall, the residents in the designated centre were being provided safe and effective care and supported in accordance with their assessed needs and choices. The centre was a very large period property which was designed and laid out to meet the needs of a large number of residents. The provider had planned to close this centre and move residents to smaller homes in the community. A number of residents had transitioned from this centre in previous years. The provider had secured two new houses to provide care and support in a more suitable environment to the remaining residents in the centre. They had facilitated the residents to be introduced to their new homes and community. However, there had been little progress in the last year towards beginning the transition for the remaining residents, and inspectors could not be advised of any expected dates for

the move.

A new person in charge had recently been recruited by the provider. Despite only working in the centre for a number of months, they were recognising areas for improvement in line with the findings of this inspection, and had systems in place to monitor the quality and safety of care for residents. They worked on a full-time basis and were suitably qualified, skilled and experienced to manage the designated centre. They were appointed as person in charge for two centres in the organisation and could demonstrate that they had systems in place to ensure they were monitoring the care and support for residents and available to support staff to carry out their roles and responsibilities.

There was a statement of purpose which outlined the services and facilities available for residents in the centre. It contained information relating to staffing and the organisational structure and it also contained information relating to residents' wellbeing and safety such as arrangements for their involvement in the running of the centre and for respecting residents' privacy and dignity.

Overall, residents were supported by a skilled staff team who were knowledgeable in relation to their care and support needs. However, there was one staffing vacancy in the centre and the inspectors viewed evidence that this was impacting on the continuity of care for residents. The provider had recruited to fill this vacancy and in the interim they were attempting to minimise the impact for residents by using regular agency staff to fill the required shifts. However, due to the volume of shifts which had been covered by agency staff in the last number of months, this was not always proving possible. Throughout the inspection, residents appeared comfortable in the presence of staff and with the support offered by them. Staff who spoke with the inspectors were knowledgeable in relation to residents' likes, dislikes and goals for the future. They were motivated to ensure residents were fully supported to transition from the centre and to integrate into their new local communities. They described steps they were taking to support residents to prepare for the moves including attending mass and going for coffee close to their new homes. Planned and actual rosters were in place which were overall well maintained. However, they required review to ensure they clearly indicated when the person in charge was on duty in the centre.

Staff had access to training and refreshers to support residents in line with their assessed needs. In addition, a gap analysis had been completed to identify additional training in preparation for residents' move to their new homes. For example, a number of staff had completed training in the safe administration of medication. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. The agenda item for these supervision meetings was varied and included topics relating to supporting residents and in relation to the day-to-day running of the centre. Staff who spoke with the inspectors stated that they were well supported by the management team.

The provider had completed their annual report for 2018 and had carried out six-monthly unannounced visits to the designated centre. The expected dates set out in

the annual report for the transition of residents into more suitable premises had not been achieved, nor was there evidence of progression towards this goal since the previous inspection in May 2019. The annual review outlined examples of systems in place to capture resident feedback and consultation on the service, however there was no record in the review of what information was actually gathered using these methods. Inspectors observed evidence of frequent engagement between the person in charge and the provider management, and the person in charge had held small informal meetings on specific topics with staff members. However, the action identified from the previous inspection to increase the frequency of structured staffing meetings had not occurred, with only two staff meetings since that inspection. The records of these meetings did not reference learning gained in response to recorded incidents and accidents in the centre.

Regulation 14: Persons in charge

The newly recruited person in charge had the qualifications, skills and experience to fulfill the role. They had systems in place to monitor the quality and safety of care and support for residents and to support staff to carry out their roles and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Overall, residents were supported by a skilled staff team who were knowledgeable in relation to their care and support needs. However, there was one staffing vacancy in the centre which was impacting on the continuity of care and support for residents due to the volume of shifts covered by different agency staff. The provider had recognised this and had recruited to fill the staffing vacancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. They were also in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The annual review of the quality and safety of care and support in the designated centre had not been completed in a timely manner and did not include information from consultation with residents and their representatives. The transition of residents into more suitable residential premises had not been progressed within the provider's identified timelines. Other actions identified through the previous inspection and the provider's own audits and reviews had not yet been completed.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed a sample of incidents in the centre and found that they had all been notified to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

There were systems in place to keep residents safe, deliver support in line with their assessed needs, and to facilitate their choices. While the premises was not suitable in its overall design and layout for the needs of residents, the provider had taken measures to ensure the building remained safe and comfortable for residents for the time before they transition to a new location, and there had been some improvement in residents' opportunities for meaningful social, recreational and community engagement. There was limited evidence of residents' input and

consultation contributing to the day-to-day operation of the designated centre.

Inspectors reviewed a sample of resident support needs assessments and care interventions and found them to be comprehensive and personal. Resident personal plans and staff guidance around matters such as personal safety, communication support, expression of behaviours, personal hygiene supports and medical conditions were developed in a manner in which the choice, history and preference of residents was respected. Plans were reviewed and updated regularly and had input from relevant allied health professionals. Inspectors also reviewed an accessible version of care plans which was easy to read and included pictures to support the resident to access their plans. Where residents could potentially become upset or engage in responsive behaviours, there was clear guidance for staff on what can cause upset, how the resident expresses themselves and how to most appropriately and respectfully support the resident to remain relaxed and safe.

Residents had been assessed to identify dietary requirements or modifications, and this was clearly communicated to the chef who was knowledgeable of the residents and their preferences. The kitchen was suitably stocked with a variety of food and drink options, and residents had access to hot meals, snacks and drinks whenever they wished. Resident choice at mealtimes was facilitated in accordance with their communication support needs. Staff guidance was available to explain how residents preferred their food and drink prepared. Residents were supported to enjoy their meals at their own speed and staff enabled independence with the meal experience.

The centre consisted of a large, three-storey period building and an ancillary activities building at the rear of the premises. As the number of people living in the centre had decreased, some areas of the building were used less frequently, had been vacated or used for storage. The provider planned to transition residents to more suitable residential houses in the community, however at the time of inspection there was no definite date for this move. The current building was not suitable in its design and layout for the needs of residents, however measures were in place to make the building more homely and comfortable for the residents living there. The building was clean, warm and secure, with lovely sea views and surrounding areas, including a pleasant garden.

Each resident had their own private bedroom. Some residents lived in bedrooms originally sized for multiple occupants so these bedrooms were very large. Residents who remained in single, smaller bedrooms did so in line with their preferences. All bedroom areas were well-personalised with decorations, photographs and soft furnishings, and all residents had sufficient storage space for their clothing and personal belongings. There were sufficient toilet and shower facilities accessible to residents, and there was an elevator to assist transport between floors. There was minimal use of restrictive practice to residents moving freely in the building, and this was reviewed regularly to ensure it was the least restrictive means to control a safety concern. Inspectors observed that some metal radiators in the building were quite hot to the touch and discussed with management if they required review to ensure residents were not at risk of being burned.

Despite the design and layout of the centre, it was evident that every effort was

being made to ensure residents' privacy and dignity were maintained. Inspectors observed kind, caring and respectful interactions between residents, and residents and staff throughout the inspection. There were systems and practices in place to support residents to make choices in relation to their day-to-day lives. For example, there were pictures of activities and menu choices which residents could use to choose activities and meals and snacks. Staff also used objects of reference to support residents to make choices during mealtimes. Residents' meetings were occurring regularly, however; there was limited evidence of residents' participation in these meetings. In addition, there was limited evidence in the centre of residents' involvement in the day-to-day running of their home.

The building was equipped to detect and contain flame and smoke in the event of a fire. Compartment and bedroom doors were fitted with self-closing devices and smoke seals, and all areas of the building were equipped with emergency lighting, running-man signs and fire maps to aid people to evacuate safely and efficiently. The alarm system, fire safety equipment and evacuation routes were checked regularly and equipment was certified by relevant external bodies. Each resident had a clear evacuation plan outlining their support needs, and residents who required specific equipment to travel down stairs had this equipment readily available. Staff were trained in fire safety procedures and practice evacuation drills had taken place in the centre, providing assurance to the provider that residents and staff members knew what to do during an evacuation to exit safely and quickly during the day or night. Arrangements were clear on who will contact the fire authorities and where people can be temporarily accommodated in the event that returning to the building is not possible.

The provider maintained a register of risks relating to the designated centre and the residents. All hazards were clearly detailed and risk rated, and control measures were in place to mitigate the identified risks. The register was kept up to date and was informed and reviewed in response to adverse incidents and the evolving support needs of the residents. Incidents and accidents were recorded in the service, however the communication of learning from these incidents was not evidenced in staff engagement. This is referenced under Regulation 23 on Governance and Management.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Allegations and suspicions of abuse were reported and escalated in line with the organisation's and national policy. Immediate actions were taken to keep residents safe and safeguarding plans were developed and implemented as required. Staff had completed training and refreshers to support them to know what to do in the event of an allegation or suspicion of abuse. Residents had intimate care assessments and plans in place which were clearly guiding staff to support them in line with their wishes and preferences.

There were systems in place to ensure residents retained control of their property and possessions and residents were in receipt of support to manage their finances. There was a property inventory log in each resident's personal plan and residents were supported to store their belongings in their bedrooms. They had access to plenty of storage space for their belongings. There were facilities in place for

residents to launder their clothes if they so wish.

It was evident that efforts were being made to increase residents access to meaningful activities, particularly those in the local community. The inspectors reviewed a number of residents' goals which involved taking part in activities in the community and develop life skills in preparation for their upcoming house moves. In addition, there was evidence that mapping was occurring of residents' new community and efforts were being made to ensure that residents were integrating into their new community by going for coffee and attending mass and other activities in the local areas. However, from reviewing activity records and audits in the centre, it was evident that there were limited opportunities for meaningful activities in the community for some residents.

Residents had transition plans in place in line with their planned moves from their current home. Each resident had an individual preference and needs assessment completed to identify their needs, wishes and preferences in relation to moving house. Transition plans had been developed and these including social stories and transition plans on residents' tablet computers where applicable. Dependency needs assessments had been completed to ensure residents' care and support needs could be met in their new home, and that they would be supported by the correct number and skill mix of staff. The inspectors viewed evidence including pictures that residents were supported to visit their new homes and have input in relation to the decoration of their own bedrooms. Plans were in place for residents to go shopping to pick furniture and soft furnishings for their new homes.

Regulation 12: Personal possessions

Residents were supported to manage their finances and retain control of their personal possessions in line with their assessed needs and their wishes and preferences. There were facilities in place for residents to launder their clothes should they so wish.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that efforts were being made to increase residents' access to meaningful activities since the last inspection. However, limited opportunities remained for some residents to access community based activities on a regular basis.

Judgment: Substantially compliant

Regulation 17: Premises
The designated centre was clean, warm and safe. However the design and layout of the large period building was not suitable towards providing a home-like residential environment for the residents. The provider was in the process of arranging transition to a pair of more suitable residential houses in the community.
Judgment: Not compliant
Regulation 18: Food and nutrition
Residents had access to a variety of food and drink options at all times. Residents were supported with mealtimes in accordance with their assessed needs.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
Residents had the relevant assessments completed and transition plans developed to support them with their upcoming moves. There was evidence that they were being supported to visit their new home and to pick furniture and soft furnishings.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had systems and procedures for identifying, assessing and controlling risks in the designated centre and responding to adverse incidents.
Judgment: Compliant
Regulation 28: Fire precautions
Inspectors found evidence of the building being suitably equipped to detect, contain

and alert people to fire. Training and practice evacuation was taking place to ensure that residents and staff knew what to do in the event of a fire and how to effectively evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of need and personal plans in place which were found to be person-centred and review regularly with input from relevant allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place which were kept under review. Restrictive practice in the centre was kept under review to ensure it was the least restrictive method for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy and safeguarding plans were developed and implemented as required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed kind and caring interactions between residents and staff throughout the day. Residents' privacy and dignity were maintained through staff practices including practices relating to people knocking before entering residents' private spaces. Residents' meetings were occurring regularly and there was evidence that they were being supported to make decisions in relation to their day-to-day

lives. However, there was limited evidence of their input in relation to the day-to-day running of the designated centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not 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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Rosalie's Residential Service OSV-0001425

Inspection ID: MON-0022889

Date of inspection: 27/02/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: On the day of inspection the PIC confirmed that an additional Staff member had been recruited and would be commencing in the Centre in the coming weeks. This Staff member commenced on site induction in the Centre on the 10/03/2020.</p> <p>The additional Staff will minimize the need for agency cover and will allow for the continuity of care and support for Residents. This Staff member will also be involved in the upcoming transition of 3 Residents to their new community home, which will further support the continuity of care and support for Residents.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review of the quality and safety of care and support in the designated centre will be carried out in 2020. Consultations with Residents and their representatives will be reflected within this review. All actions from previous inspections and audits will be reviewed and updated 3 monthly.</p> <p>Monthly Staff meetings commenced in March 2020. The PIC will ensure they are completed on a monthly basis going forward.</p> <p>The transition of Residents in to a more suitable residential premises will be implemented once available for use and the necessary works have been completed (refer to regulation</p>	

17, page 18 for further information). The Service will continue to recruit Staff to ensure the appropriate Staffing numbers are available to support the Residents in their new homes.

Regulation 13: General welfare and development

Substantially Compliant

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

The PIC in consultation with Nursing, Social care and Care staff will develop a more structured activity timetable. This will ensure Residents are afforded equal opportunities to engage in meaningful activities within their local and future Communities. The activity timetable will be developed in line with Residents goals, level of capacity and developmental needs. Activities may be peer focused or Individualized according to each Residents wishes, preferences or interests.

The timetable will be discussed at monthly house meetings during which Staff will provide the opportunity to change/alter an activity and discuss new activities. Staff will continue to consult with Residents prior to each activity and provide the option to engage in their planned activities or to choose an alternative activity.

Keyworkers will continue to research activities and social groups that will support Residents to develop and maintain personal relationships and links with their wider community. The PIC will liaise with Keyworkers to determine progress, barriers, alternative measures on a monthly basis.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Two houses have been secured through the HSE for 6 Residents to Decongregate to community settings.

House 1 The Lease is currently awaiting signatures by the DOCDSS Directors. This will then be returned to the HSE (Estates Board) for final approval.

House 2 Adaptions are required to facilitate the needs of the Residents. Tenders were received for the required works on Friday 21st of February. These were reviewed by the HSE Estate Board who had hoped to appoint contractors and complete works before the end of April 2020.

Unfortunately due to the current public health emergency COVID-19, the houses have been identified for isolation use. Once they are no longer required for this purpose the plan is to commence works and for the Ladies to transition in to their new homes as soon as possible.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC has reviewed and updated the monthly house meeting agenda to make it more relatable to the Residents in the Centre. Residents will be consulted regarding topics such as; menu planning, upcoming events, new activities, and changes in the Centre for example. Staff will make every effort to encourage and support Resident involvement during these meetings. Visuals will be used to aid communication and comprehension.

Staff will continue to consult with Residents prior to the commencement of activities. This will ensure their right to choose in how they wish to spend their day is respected

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 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.	Substantially Compliant	Yellow	30/09/2020
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/12/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	10/03/2020

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	27/02/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/10/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2020
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	31/10/2020
Regulation 23(1)(d)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/12/2020

	is an annual review 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(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/06/2020