



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Cairdeas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 November 2019
Centre ID:	OSV-0001831
Fieldwork ID:	MON-0022433

## About the designated centre

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

Teach Cairdeas designated centre run by St. Hilda's provides services to five adults of a mixed gender whose primary diagnosis is an intellectual disability who have a level of independence such that waking night cover is not required. Teach Cairdeas is a five day service opened from Monday to Friday, on weekends residents return home to their families. The service can accommodate those with a range of medical and physical issues. Residents generally attend day services during the day and in cases of short term illness arrangements are made for residents to return home. The service has fixed and planned dates for closures throughout the year in line with the operations of the day service. The staff ratio consists of two consistent staff and small number of relief staff if needed. There are two staff on duty each evening with one sleepover staff at night. Teach Cairdeas consists of five double bedrooms and one single bedroom with a combined kitchen and dining area with a separate sitting room and it is located in large town with easy access to all amenities. Residents avail of organised transport for day services and local bus services and taxis outside of these times.

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

Number of residents on the date of inspection:	5
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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
13 November 2019	09:30hrs to 18:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with all five residents on their return in the evening. The house was warm, the staff had dinner cooking and a warm welcome. They communicated in their preferred manner and told the inspector they really liked living in the house, they got on very well together and helped each other out. They told of their busy, ordinary lives and activities and how much they enjoyed them. They said the staff were very good to them and they helped them with any problems they had. They told of the various individual responsibilities for jobs in the house and that this was important because they all lived there. The inspector observed them doing their various personal jobs, including laundry and planning to watch a DVD in the evening and they appeared to be very comfortable and engaged with each other and the staff.

It was apparent that the residents' primary care needs were being very well supported. They were consulted about what they would like to do for the evening, and had plans made for the following day.

A number of questionnaires were received from relatives who were very positive about the service provided and in particular the communication with the person in charge and the staff. They also referenced being satisfied with the response given if they raised any concerns.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. The centre was last inspected in February 2019 with full compliance found at that time. The inspector found the current management systems were satisfactory overall to ensure the safety and welfare of the residents.

There had been unavoidable changes to the staff and local management arrangements, immediately preceding this inspection. Nonetheless, the provider had ensured that these changes were being managed appropriately with the least disruption to the residents. A new person in charge with the required experience and qualifications had been appointed. The new post holder was very familiar with the residents, having been in the post previously. The person was responsible for two centres and was very familiar with the residents. However, non-compliances were identified during this inspection in relation to clarity of responsibility for supporting the residents' healthcare needs. This was impacted by the division of responsibilities between staff of the day service (who undertake a lot of activities and appointments with the residents) and the person in charge of the residential centre and the limited time available to this person to carry out the role.

These factors required review in terms of the regulatory responsibilities of the person in charge to ensure that the residents' needs are identified, monitored and followed up on. There were suitable management arrangements in place for any absences of the person in charge.

There was an effective reporting system evident, via the regional residential service manager. There were systems for quality assurance including regular audits and unannounced quality and safety reviews of the centre undertaken. These were detailed reviews and covered areas such as medicines administration, accidents and incidents, observation of practices and consultation with the residents. Audits were also undertaken on pertinent issues such as falls or medicine errors. Such incidents were not a significant feature of this service and in most instances remedial actions were taken to prevent re-occurrences. However, the systems for learning and review were not apparent from the records available. This is further detailed under the section on quality and safety in this report.

The unannounced visits undertaken on behalf of the provider were very detailed and remedial actions were initiated as a result, for example, the need to ensure that annual health checks were carried out for the residents. There was also an annual review of the quality and safety of care compiled for 2018. However, while this was a factual account of the service it did not provide any analysis; identify areas for development or changes which impacted on the service. For example, the changing needs of the residents. It did not sufficiently ascertain or report on the views of the relatives in relation to the service or the possible limitations of the service in terms of the five day residential provision. The annual report is a means by which the provider can identify both positive aspects and any failings in the service for current and future service provision. The current review did not support this.

The inspector found that the skill-mix and numbers of staff identified were suitable to meet the needs of the residents at this time. Given the assessed needs of the residents and the status of the centre as a five day residential home, the staff ratios were low and nursing care was not required. There was nursing oversight available within the organisation. The records available indicated that the staff had the required mandatory training to support the residents and also had social care or equivalent qualifications. This ensured the residents had the supports needed for their individual care and activities. The residents' activities and day-services are supported by day service staff, some of whom act as the key workers for the residents. The small number of residential staff support them in the centre for the evenings.

From observation and conversation with the staff and the person in charge it was apparent that they were very familiar with the residents, very attentive and focused on their individual care needs.

A review of a sample of personnel files indicated that recruitment practices were safe, with all of the required documents procured and checks completed. The provider had updated An Garda Síochána vetting for all staff. There was staff supervision systems in place which were pertinent to the low numbers of staff

employed in the centre.

The provider had ensured that systems were in place to listen to and respond to feedback from residents. The complaints record indicated that complaints raised were managed and the view of the complainant on the outcome was elicited. The residents told the inspector that if they had any issues, they told the staff and they were sorted out for them.

The documents required for the registration of the centre including evidence of insurance were provided. There were sufficient resources available to provide the service, including premises and maintenance, transport and staffing for the five day service. From a review of the accident and incident records the inspector was satisfied that the person in charge was forwarding the required notifications to the office of the Chief Inspector with one exception, which was rectified promptly by the provider once it was identified.

The statement of purpose required some adjustments to fully comply with the regulations and accurately describe the service which was provided and to whom. This was rectified following the inspection and the service was operated in accordance with this statement which supported the residents wellbeing and welfare. The service is a five day residential with additional periods of closure during the year. Residents go home to families at weekends and at other closure times. If, by virtue of family illness or crisis, a resident could not go home the provider operated a "Buddy" system, whereby specific members of the organisation could assist and accompany a resident for a hotel break.

The residents had signed tenancy agreements in place. However, this did not reflect or outline the limitations of the five day residential arrangement. The provider had identified that some residents' needs were changing and as a result the organisation of the service was under review. This was referenced by the provider in the strategic plan for the organisation.

While there are a small number of non-compliances identified in this report in terms of risk management, healthcare and governance systems, overall the inspector was assured that the service was safe, and currently could meet the needs of the residents with an emphasis on their personal choices and aspirations.

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

The documents required for the renewal of the registration of the centre were provided.

Judgment: Compliant

## Regulation 14: Persons in charge

The newly appointed person in charge had the required experience and qualifications and was very familiar with the residents, having being in the post previously.

Judgment: Compliant

## Regulation 15: Staffing

The skill-mix and numbers of staff identified were suitable to meet the needs of the residents at this time. Given the modal of care as a five day residential home, the staff ratios were low and nursing care was not required. A review of a sample of personnel files indicated that recruitment practices were safe, with all of the required documents procured and checks completed. The provider had updated An Garda Síochána vetting for all staff.

Judgment: Compliant

## Regulation 16: Training and staff development

The records available indicated that the staff had the required mandatory training to support the residents and also had social care or equivalent qualifications. Staff supervision systems were also implemented.

Judgment: Compliant

## Regulation 22: Insurance

Evidence of current insurance was forwarded as part of the application for the renewal of the registration.

Judgment: Compliant

## Regulation 23: Governance and management



There were suitable management arrangements in place, with an effective reporting system, However, the systems for oversight including the uses of audits and the annual report on the quality and safety of care required review to be fully effective. In addition, the role and regulatory responsibilities of the person in charge require to be revised in accordance with the regulations.

Judgment: Not compliant

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

Decisions regarding admissions were found to be made based on transparent criteria and needs. However, while residents had signed tenancy agreements in place, these did not reflect or outline the limitations of the five day residential arrangement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required some adjustments to fully comply with the regulations and accurately describe the service which was provided and to whom. This was rectified following the inspection and the service was operated in accordance with this statement which supported the residents wellbeing and welfare.

Judgment: Compliant

### Regulation 30: Volunteers

Some of the residents have the support of volunteers at times. The inspector was advised that all volunteers people are appropriately vetted to safeguard the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector was satisfied that

the person in charge was forwarding the required notifications to the office of the Chief Inspector with one exception, which was promptly rectified by the provider once it was identified.

Judgment: Compliant

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

The provider had complied with the requirement to notify the Chief Inspector of any absences of the person in charge where this was required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints record indicated that complaints raised were managed transparently and the views of the complainant on the outcome was elicited.

Judgment: Compliant

## Quality and safety

There was evidence of a commitment to the provision of a person-centred service with residents own preferences and choices being actively encouraged. Residents had very good access to a range of meaningful and social experiences, including recreational activities, such as going to concerts, dances, shopping and being involved in local community services. Day services were based on the individual preferences, for example, one resident attended a service suitable for older persons and other preferred recreational activities on a day-to-day basis. A number of the residents had part-time jobs locally or did volunteer work. Some residents were preparing to participate in the local shoe box Christmas charity appeal. They were supported with their hobbies including drawing, knitting or playing musical instruments.

The residents were consulted regarding their wishes in the house, with weekly meetings held to decide on meals, group activities and generally check how everyone was. The residents had keys to their own bedrooms which they locked when going out. A resident explained to the inspector that spare keys were also available if the staff needed it, or they lost their own. The residents were assessed

and consulted regarding the management of their monies and medicines with either full or partial staff support available.

Their individual aspirations or goals were chosen by the residents themselves, for example, to go on train journeys or learn to use public transport themselves. There was evidence that every effort was made to achieve these. Residents had access to multidisciplinary assessments, including speech and language or physiotherapy and there were support plans implemented for these individual needs. The residents had twice yearly reviews of their personal plans and these were attended by family members and the residents themselves.

In accordance with the statement of purpose as a five day residential service relatives are closely involved in attending all medical appointments and day service staff also do so. The person in charge had implemented systems to ensure updated information was available to the staff to support the residents. However, the inspector found that there was a lack of clarity regarding who was responsible for making referrals, following up on referrals made and ascertaining the results of medical appointments or tests. These included the results of blood tests, scans and referrals for gender and age specific screening. These factors could place the residents at risks of ill health. Such information and follow through is necessary to ensure the residents are supported to have the best possible health for as long as possible in this service.

By contrast, the residents had detailed communication plans in place and staff also used a range of pictorial images to support the residents' day-to-day routines and transitions. A resident explained this to the inspector. It was apparent to the inspector that staff were attuned to, and responsive to the residents' communication.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse with safeguarding plans implemented where this was necessary. Incidents of behaviours that challenged were not a feature of this service but support and consultation was available as needed. The inspector was advised that the staff were undergoing training in a new modal of supporting residents with such needs, with the emphasis on prevention. There were no restrictive practices implemented in the centre. These factors resulted in a positive and safe experience for the residents.

Medicines management systems were appropriate and safe based on the type of service and regularly monitored and reviewed.

Overall, the residents were protected by the systems for the management of risk with some improvements required to ensure the risk identified were adequately assessed and addressed. For instance, the risk management plans for a resident at increasing risk of falls was not sufficiently detailed to address the concern identified. There was evidence of a proportionate response generally, however, while also supporting the residents' continued choice and independence. The systems in place for learning and review of incidents required improvements to be fully effective. For example, the incident records did not clearly demonstrate the

actions taken to prevent re-occurrences or provide a full review of casual factors where incidents occurred. Although accidents or incidents were not a significant feature of the service, further consideration of such occurrences would provide assurances to the person in charge of the actions to be taken. A number of detailed safety audits of the environment were available and these had taken account of the need for extra hand-rails and non-slip mats on the bath in response to the residents changing needs.

The emergency plan contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff and staff confirmed that these were responsive and effective. There was a signed and current health and safety statement available.

Overall there were good fire safety management systems in place, with some improvements required. There was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis. Each resident had a detailed personal evacuation plan and fire drills were held to ensure staff could evacuate the resident safely. The residents explained the process to the inspector.

However, while there were containment systems in place in strategic areas, these did not have self-closing devices in place. This could negate their purpose to allow time for the residents to evacuate or be safe from smoke inhalation. An additional fire door was also required on the hot press due to the risk of fire and its location in the premises.

The premises was very homely, comfortable and warm. The residents had chosen their room colours and there were numerous treasured personal possessions and photographs evident. Each resident had their own bedroom, with four bedrooms upstairs and one bedroom with an en suite downstairs. There was a bathroom upstairs which contained a bath with overhead shower. In response to changing needs additional hand rails had been installed on the stairs and in the bathroom. Hand rails had also been installed on exit doors outside of the house. None the less, there were a lot of steps, both inside and outside of the house. While currently the premises is suitable for the residents' needs, it is apparent that in some instances these are changing with age and health and may not in the future meet these needs. This was discussed with the residential manager at the feedback meeting.

There is a small yard outside of the centre which contained a shed and large unsightly steel storage containers. These take up space in the yard so as to prevent it being welcoming as a garden space the residents can use.

## Regulation 10: Communication

The residents had detailed communication plans in place and staff also used a range of pictorial images to support the residents' day-to-day routines and transitions.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were actively encouraged and supported to achieve their own aspirations and potential. Day services were based on the individual preferences, for example, one resident attended a service suitable for older persons and others participated in the day-to-day activities they enjoyed. These included part-time employment, and they were encouraged to try new experiences such as literacy and drama.

Judgment: Compliant

### Regulation 17: Premises

The premises was very homely, comfortable and warm.

Some adaptations had been made to support access such as hand-rails on the stairs and bathrooms and exits. While currently suitable and accessible it was apparent that this situation was changing and the provider does need to make future provision for this.

The small yard outside of the centre contained a shed and large unsightly steel storage containers. These take up space in the yard so as to prevent it being welcoming as a garden space the residents can use.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The residents' dietary needs were well supported with access to speech and language assessments and reviews of these where necessary. Suitable support plans were implemented and they were also being encouraged with healthy eating plans.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall, the residents were protected by the systems for the management of risk with some improvements required to ensure the details of individual and specific risk management plans were sufficient. Additionally, the systems in place for learning and review of incidents required improvements to be fully effective. It is acknowledged however, that accidents or incidents were not a significant feature of the service,

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Overall there were good fire safety management systems in place with some improvements required.

While there were containment systems in place in strategic areas these did not have self-closing devices in place. This could negate their purpose to allow time for the residents to evacuate or be safe from smoke inhalation. An additional fire door was also required on the hot press due to the risk of fire and its location.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines management systems were appropriate and safe, based on the type of service and regularly monitored and reviewed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The residents social care needs and development were very well supported. They had very good access to a range of meaningful and social experiences, including recreational activities, such as going to concerts, dances, and shopping.

Residents had access to multidisciplinary assessments, and there were support plans implemented for these individual needs. The residents had twice yearly reviews of their personal plans and these were attended by family members and the residents

themselves. Their personal goals and aspirations were identified and achieved where at all possible.

Judgment: Compliant

### Regulation 6: Health care

There was a lack of clarity regarding who was responsible for making healthcare referrals, follow up on referrals made and ascertaining the results of medical appointments or tests. These included results of blood tests, scans and referrals for gender and age specific screening which was not available. In some cases the inspector could not ascertain if they had taken place. These factors could place the residents at risk of ill health.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Incidents of behaviours that challenged were not a feature of this service but support and consultation was available as needed.

Judgment: Compliant

### Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, with safeguarding plans implemented where this was necessary. There were designated officers within the organisation and the staff had the appropriate training.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were protected by good systems for consultation in regard to their own wishes and preferences for their lives. preferences, There was an advocate

available to them should they wish to use this.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Teach Cairdeas OSV-0001831

Inspection ID: MON-0022433

Date of inspection: 13/11/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

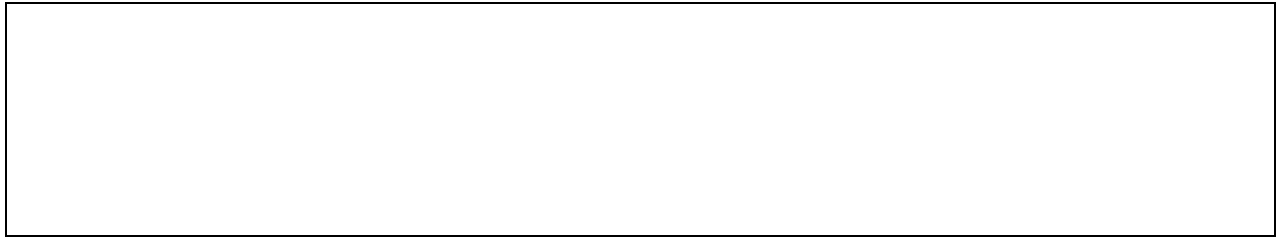
## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward the annual review, health and safety reports and local reporting systems will be completed in a more specific and detailed format highlighting the areas of achievement as well as the areas which need to be addressed to ensure effective and safe practices for our residents.</p> <p>The role and regulatory responsibilities of Person in Charge have been reviewed with the PIC. The statutory responsibilities in this role will be an Agenda Item at the PIC meeting in January 2020 to ensure full understanding of requirements.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The tenancy agreement is being updated to reflect the five day service which is provided. Residents will be informed of the changes and will sign an updated version of the tenancy agreement</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The changing needs will be an agenda item for HSE Review meetings (Provider) and the matter will be an agenda item at each PIC meeting (PIC) to monitor future needs in the designated centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All staff have been reminded about the importance of following up with any incidents and recording all actions on the XYEA Health and Safety reporting system so that all actions are reviewed and followed through. This will be discussed at team meetings. The PIC is also putting in place bullet point guidelines for staff around the use of the reporting system. This will be a quick reference when logging incident and remind staff to follow up. This will be completed by 31/12/2019</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door to be put on the hot press. This will be completed by 30th January 2020. The automatic closures have been ordered for the containment doors and the control measures that require manual closes at night will continue until then. Expected completion date - 30th January 2020.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The PIC will discuss with all staff the requirement of following up with relatives in relation to appointments and referrals and recording this communication in the appropriate way. This will be completed by 17th of December 2019</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/01/2020
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 details responsibilities for all areas of service provision.	Not Compliant	Orange	30/01/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	31/12/2020

	(d) shall provide for consultation with residents and their representatives.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	10/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Yellow	31/01/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is	Not Compliant	Orange	17/12/2019



	facilitated.			
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