



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

Issued by the Chief Inspector

Name of designated centre:	Artane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	13 November 2019
Centre ID:	OSV-0002351
Fieldwork ID:	MON-0025057

About the designated centre

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

Artane Residential is a designated centre operated by St. Michael's House. The centre is made up of two residential units, one is a large two storey community based residential house providing services and supports for six adults. The house is situated on a busy main road with access to all local community amenities. The second residential unit is a single occupancy flat, attached to the house, which affords one resident the independence of living on their own but with the supports of the main house. Some residents present with physical disabilities and the house provides wheelchair accessibility throughout the ground floor. The designated centre is situated in a well established residential area. Artane Residential provides supports for the residents under a social care model of service with nursing support and input available when required. Integration into the community is facilitated independently or by staff through local shops, pharmacy, churches, banking, pubs and public transport system to facilitate access to the wider community. The centre is staff by a person in charge and social care workers.

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
Wednesday 13 November 2019	09:00hrs to 19:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector met with the five residents who lived in the centre and spoke in detail with a number of these residents. Some residents were at home during the inspection as it was their day off from day programmes and one resident had returned to the centre after working for the morning. Residents were observed during the day accessing the community independently, taking part in a collage based study and engaging in crafts.

Some of the residents were eager to show the inspectors their bedrooms and expressed how happy they were with their bedrooms, the space they had for personal possessions and the decoration of their own room. One bedroom, viewed by the inspector in the presence of a resident, had limited space for personal items, and these were stored on the floor and bed. The resident was aware of the plans to move bedrooms and spoke with the person in charge regarding maintenance works that were completed that day. The resident was happy with the proposed move.

In speaking with the residents and observing staff interacting with each resident, the inspectors found that there was a supportive and homely atmosphere in the centre. It was noted by the inspector that the residents were very familiar with the person in charge and staff and interacted in a very positive manner with them.

Another resident spoke to the inspector about their recent bedroom move due and some hesitations they had about it. The inspector observed the resident raising these points with the person in charge and being satisfied with the response and plan of action.

It was evident that residents were actively involved in making decisions about how they would like to spend their day and the development of personal goals. Residents spoken with expressed their enjoyment of working towards these goals.

The inspector viewed family surveys completed as part of a yearly annual of the service and found that there were high levels of satisfaction with the support and care provided to residents and lines of communication. One area of improvement that was mentioned was the need for additional staff.

Capacity and capability

The inspector found that while the provider had adequate oversight arrangements of the centre in place, improvements were needed to ensure that identified actions and areas for improvement were implemented in a timely manner. Non-compliances from the previous inspection were not satisfactorily addressed; three of the four

actions were reissued during this inspection to the provider.

The inspector reviewed the annual review and the unannounced six-monthly audit completed by persons nominated by the provider, of their assessment of the quality of care and service provision in this centre. The inspector found that while these quality assurance reports had accurately identified areas where improvement was required, action had not been taken by the provider to address these issues. This is discussed in further detail under Quality and Safety.

Furthermore, there was also outstanding actions from the previous inspection that had not been completed. There was evidence of escalation from the management team to the provider. However, works to resolve some matters that impacted negatively on residents' lives were outstanding.

The inspector found some aspects of the governance arrangements were effective. The provider had ensured there were clear lines of management and reporting leading to, for the most part, a centre which was effectively governed, managed and monitored. The inspector found that residents and their representatives, in addition to staff, were consulted with to elicit their views of the service.

The person in charge was appointed to the centre on a full-time basis with one-day supernumerary to enable them to engage with their administrative duties. The person in charge had professional qualifications in social care, management and several years experience of supporting people with an intellectual disability.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was a training schedule maintained to ensure that training was delivered as required. Staff meetings were held regularly which were recorded and discussed all aspects of service provision. Staff members present during the inspection was observed engaging with residents in an appropriate and positive manner while also demonstrating a good knowledge of residents and their needs.

The inspector was informed that there was a full-time and part-time staffing vacancy, but staff had been recently recruited for these posts and were due to commence in the coming weeks. From a review of the centres rosters, there was evidence that continuity of care was provided for with the use of regular relief staff, known to residents. Additional hours had been implemented into the roster in line with residents assessed needs, this amounted to approximately 138 hours a month, however, these hours not been incorporated into the staffing arrangements or reflected in the centre's statement of purpose. The inspector was informed verbally at the end of the inspection that these hours would be allocated on a full-time basis.

A record of all incidents occurring was maintained in the designated centre. During a review of the records of incidents that had occurred in the centre, it was identified that not all injuries to residents, of a less serious nature, were notified to the Chief Inspector of Social Services, as required by the regulations.

The registered provider had ensured the development of a service provision agreement between the organisation and the resident. This document detailed the services and supports to be provided including any fees to be incurred.

There was a complaints policy in place, and accessible versions of complaints procedures available to residents. Although there were no complaints made during the period since the last inspection, residents expressed that they knew how to make a complaint if necessary. The provider had nominated a new complaints officer In January, who dealt with complaints made by or on behalf of residents. Their photo and details was not displayed in a prominent area of the centre as required.

The provider had submitted an application to remove an additional condition attached to its registration in relation to fire matters. The registered provider was requested for additional information post inspection. On review of this information the inspector was satisfied that the provider had complied with the terms of the condition.

Registration Regulation 8 (1)

Sufficient assurances were received for the removal of a restrictive condition.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be suitably skilled, experienced and professionally knowledgeable in their role.

Judgment: Compliant

Regulation 15: Staffing

It was unclear how the current staffing arrangements would meet residents' assessed needs. There was staffing deficit of approximately 138 hours a month. The workforce arrangements in place relied on relief staff members in the absence of a fully resourced staff team in line with residents assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development
The person in charge ensured that staff were appropriately trained, including refresher training and also training in areas of good practice.
Judgment: Compliant
Regulation 23: Governance and management
The governance systems in place did not ensure that the service delivered was safe and effective. Measures had not been implemented to ensure that non compliance's identified during previous inspections and through the providers own monitoring systems to ensure actions were addressed. While the provider had made attempts to address some issues, they had not been fully resolved at the time of this inspection. This impacted on the compliance levels found across some regulations inspected against.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
A sample of the contracts of care were reviewed by inspectors, there was a written agreement in place which clearly outlined the fees that they would be charged and any additional charges which they may incur.
Judgment: Compliant
Regulation 31: Notification of incidents
Records of all incidents occurring in the centre were being maintained, and notifications of most adverse incidents and quarterly returns had been appropriately made within the required time frames. However minor injuries that were required to be submitted on a quarterly basis were not notified.
Judgment: Not compliant

Regulation 34: Complaints procedure

Policies and practices were in place relating to complaints. A complaints officer was in place and systems were in place for complaints to be recorded and followed up on. A photograph and details of the complaints officer was required to be on display.

Judgment: Substantially compliant

Quality and safety

In response to the additional condition attached to this centre's registration due to safety concerns regarding fire safety measures, the provider gave written assurances to the Chief Inspector of Social Services that fire upgrade works would be completed in this centre by 31 December 2018. The inspector observed that the centre now had new fire door self closers; however, the ability to evacuate one resident in the case of a fire was still unclear during the inspection resulting in a not compliant finding for Regulation 28: Fire Precautions. The inspector found good practices in the area of health-care, personal plans and residents personal goals. While matters that impacted on the safe provision of services as identified in a previous inspection of the service were not fully resolved, the inspector found that residents had a good quality of life and overall their rights and choices were supported.

On an individualised basis residents had access to a broad range of meaningful activities and community engagement; this was evident from records seen and from speaking with residents themselves. All engagement was focused on meeting and promoting resident wishes, general welfare and development needs and included access to paid employment. The list of opportunities that residents enjoyed was individualised and extensive and a good balance was achieved between what was accessed within the service and in the local community.

The inspector completed a walk around of the house with the person in charge. Some improvement works had been completed since the previous inspection; new kitchen presses had been installed. However, there remained outstanding items that required addressing as identified on the previous inspection of this centre. One bathroom required mould removal, and one bedroom did not provide adequate space for one resident. There was maintenance work being carried out during the inspection to another bedroom to allow the resident to move into a bigger space. While this would result in a positive outcome for the resident it was however as a direct result of another resident requiring a ground floor access bedroom. The resident first expressed dissatisfaction with their bedroom to inspectors in 2015 that was identified as being inadequate in terms of its' size and storage facilities. This was further identified as a non compliance in a subsequent inspection in April 2018, and the registered provider provided assurances that this would be addressed by

May 2018. The inspector was, therefore, not satisfied that the provider was responding to quality improvement requirements in a timely manner.

The inspector reviewed a sample of the personal plans of residents. The inspector found that residents' well being and welfare were supported through a good standard of evidence-based care and support. There was an established care planning system which incorporated an assessment of needs process from which care plans and interventions were developed, reviewed and evaluated. The inspector noted that some improvement was required to the assessment of need documentation to ensure that it corresponded with the support plans in place.

Each resident had detailed support plans in place that provided clear guidance to staff to meet any identified needs. There was evidence that residents accessed public health initiatives such as the national screening programmes, specialists and other allied health professionals in a timely manner, as dictated by their needs. The inspector identified that documentation in the centre and staff knowledge reflected all of the residents' assessed health-care needs.

Each resident attended an annual circle of support meeting to determine their individual goals for the coming year. These goals were supported by named individuals and a time-bound action plan. The inspector found that action plans had been regularly updated and therefore, the person in charge was able to demonstrate that all goals had been progressed as stated.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Staff spoken with had a good understanding of these systems and were observed to interact with residents in a warm and caring manner.

The centre had a policy in place in relation to the management of medicine, and there was established medicine practices in place overall. The inspector found that some medicine practices deviated from provider policy. One resident was being supported to manage their own medicines in accordance with their ability and preference. However, there was no capacity assessment or risk assessment regarding residents that self-administered medicines. The storage of these medicines were also found not to be adequate. The inspector found that there were precise arrangements in place for the management of controlled medicines. Staff were appropriately trained in the administration of medicines within the centre. Some residents were prescribed over the counter medicines, however, the practice relating to these required review as these medicines were pooled for communal use which was not in line with best practice.

The organisation's fire safety officer carried out annual fire safety checks in the centre. The inspector read the most recent report which had been completed in April 2019. While the report identified some fire safety risks had been addressed with the installation of fire door self closures, an issue still remained with the safe evacuation process for one resident during certain situations. The provider had self-identified that improvement was required in the recording of fire drills that were occurring in the centre to ensure sufficient details were captured. While learning had been

identified in the fire drills, this was not reflected in the fire evacuation plan of the centre, for example, the order of residents to be evacuated and where best to make an emergency call.

The provider demonstrated an understanding of the quality and safety risks present in the centre, and the inspector found that an appropriate plan of action had been implemented in response to a risk evident on the day of the inspection. The inspector found that a good balance was achieved between promoting resident independence and autonomy and providing residents with the security and support that they required. Different levels of support were provided but only in accordance with the assessed needs of each resident and an assessment of risk. There was an incident recording system in place for staff to record any incidents for the review of management. Some improvement was required to this system as the review and learning of incidents were not available in the centre. In addition, body mark charts used to record any injury to residents were not reviewed for causation or followed up with a critical incident report as requested on the form. The inspector found that the provider's risk management policy did not effectively guide practice in relation to the management of incidences as this was omitted from the policy.

Regulation 13: General welfare and development

The provider ensured that the residents had access to facilities for occupation and recreation. The residents were facilitated to develop and maintain relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

While the limited space of one bedroom was in the progress of being addressed this was not completed on the day of inspection and was a known issue for four years. In addition areas of upkeep was required in one bathroom and new flooring needed downstairs.

Judgment: Not compliant

Regulation 26: Risk management procedures

A risk management policy in was place which outlined the measures and actions to control specified risks. A centre wide risk register was in place along with risk assessments relating to individual residents. Improvement was required in

the arrangements in place for the investigation of and learning from adverse events.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the last inspection, magnet closer's had been installed on fire doors. There remained an outstanding issue with the safe evacuation of all residents in the event of a fire. Personal evacuation plans required updating after learning identified from fire drills.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

It was found that the practices and protocols in place for the ordering, receipt, prescribing, storing, disposal; and administration of medicines was not appropriate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

Regulation 6: Health care

Residents' were supported by a multidisciplinary team and they had regular access to a general practitioner of their own choosing. Health care plans had also been devised to ensure that residents received continuity of care.

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place to keep residents safe and to protect them from abuse.

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
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Artane Residential OSV-0002351

Inspection ID: MON-0025057

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • At present there is an ongoing recruitment campaign. Service provider continues to, whenever practicable; employ familiar relief staff to provide as much continuity for residents as possible. • One part time staffing WTE .5 vacancy was filled on the 4th Dec 2019 • Staffing 1 WTE position, successful recruitment undertaken staff identified and due to commence on the 1/1/2020. Declined position on the 17th Dec 2019 and recruitment to commence from Jan 1st 2020. • Additional support needs for one resident WTE.53 have been captured in DSMAT and submitted to HSE - as yet unapproved funding for same. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Six monthly unannounced visits are completed in the centre. These reports are contained in the centre and are available for review. All actions identified through this process have been completed by 13/12/2019 • A Quality Enhancement Plan using the 32 regulation process to be completed by 30/1/2020 • There is a documented plan in place which addresses the remaining actions from the last inspection 2018 <ul style="list-style-type: none"> o Flooring within in the main communal area, hall and two residents bedrooms 	

completed by the 22/11/2019

- o Identified larger bedroom for one resident will be available for their transfer by the 30/1/2020
- o Specialist contractor identified to address issues with persistent mould in upstairs bathroom 30/1/2020
- o Fire containment issues from previous inspection in 2018 had been addressed but subsequently the residents needs have changed and so too have their planned evacuation. Previous identified high Fire risks have been removed due to the relocation of one resident to a down stairs bedroom. The fire feedback from the fire officer pre dated this relocation referencing a 60 min envelope. The requirement for a defend in place strategy was specific re:risk from fire starting in upstairs bedroom

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Notification of minor injuries will be submitted through the quarterly notifications going forward.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The Registered Provider nominated the PIC to act as complaints officer for the designated centre and a Complaints Manager to oversee the complaints process in this and other designated centres.
- The Registered Provider recognises that the regulations do not require a photograph of the complaints officer to be on display but that on occasion a photograph may assist some residents to make a complaint.
- The Registered Provider has updated the complaints information to include a photograph of the complaints officer.

Regulation 17: Premises	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Flooring in the main communal area, hall and two residents bedrooms was completed on the 22/11/2019 • Specialist contractor identified to address the issues with persistent mould within the upstairs bathroom 31/1/2020 • Identified larger bedroom for one resident will be available for their transfer by the 30/1/2020 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Review of all documentation in respect of critical and minor incident review all documentation now held in one specific section in residents folder to improve ease of retrieval 13/12/2019. • Critical incident checklist in situ 13/12/2019 • Discussion with staff team scheduled monthly through the forum of a staff meeting re; Adverse incidents and learning from same. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire containment issues from previous inspection in 2018 had been addressed but subsequently the residents needs have changed and so too have their planned evacuation. Previous identified high Fire risks have been removed due to the relocation of one resident to a down stairs bedroom. The fire feedback from the fire officer pre dated this relocation referencing a 60 min envelope. The requirement for a defend in place strategy was specific re:risk from fire starting in upstairs bedroom • All personal evacuation plans have been reviewed for all residents to reflect issues that may have arisen through fire drills 30/11/2019 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

- Capacity assessment completed for one resident re; self administration of medication. 13/12/2019

- Risk assessment completed for resident based on ability to safe admin medications 13/12/2019

- Storage of medication has been reviewed and locked box insitu for resident independent use 19/11/2019

- Communal usage of some medications eg; Paracetamol has ceased on the 14/11/2019 and now all residents have their individual supply of said medications.

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 15(1)	The registered provider shall ensure that the 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.	Not Compliant	Orange	30/03/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/01/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/01/2020
Regulation	The registered	Not Compliant	Orange	30/03/2020

23(1)(c)	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.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	13/12/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Substantially Compliant	Yellow	19/11/2019

	receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	19/11/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under	Not Compliant	Orange	30/01/2020

	paragraph (1)(d).			
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	30/01/2020