



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

Issued by the Chief Inspector

Name of designated centre:	Carrick on Suir Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 November 2019
Centre ID:	OSV-0003608
Fieldwork ID:	MON-0027877

About the designated centre

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

Carrick on Suir Camphill Community, located in a town, provides long-term residential care for to both male and female residents over the age of 18 with intellectual disabilities, autism and physical support needs who require medium levels of support. The centre comprises seven units in total combining a mixture of residential houses and individual semi-independent supported houses. All residents have their own bedrooms and facilities throughout the units which make up this centre include kitchens, sitting rooms, dining rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse and social care staff) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
12 November 2019	08:30hrs to 18:10hrs	Conor Dennehy	Lead
12 November 2019	08:30hrs to 18:10hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This designated centre was made up of a total of seven units. Inspectors visited five of these units and met a total of nine residents on the day of inspection. Some residents engaged with inspectors directly while others were observed in their homes and in their interactions with staff, volunteers and other residents.

Inspectors first visited two of the smaller units of the centre. In the first of these units, one resident spoke positively of living there. A second resident also said that they liked living there but did indicate to an inspector that they did not like it when some staff members came into the unit where they lived.

In the second smaller unit, the one resident living there indicated that they liked the house where they lived, liked their bedroom and felt safe living in the centre. This resident was seen to be supported by the staff member on duty to attend their day service. It was observed that this staff member engaged with the resident in very respectful and warm manner.

In one of the larger units of the centre, an inspector met the three residents living there. Two of these residents did not engage directly with the inspector but it was seen that they appeared comfortable with the staff members and volunteer who were on duty. In particular it was seen that the volunteer engaged with one resident in a very positive manner and communicated with the resident in a way that the resident understood. This resident appeared very happy during such interactions.

The third resident who lived in this unit spoke with the inspector and talked about how they moved from one unit to another to help reduce the possibility of falls. This resident indicated that they liked living in the designated centre, liked living with their peers, felt safe and enjoyed arts. The resident showed the inspector an art work they had recently completed and also offered to give the inspector a painting they had done as a present.

The resident also discussed other topics with the inspector. While they did like living in the centre, the resident did indicate that they wanted to move to their own house and that this had been discussed at a recent meeting with management and staff. The resident also raised some things they felt could be better in the centre such as a pavement and lighting outside of their home.

A second of the larger units was also visited where two residents were met. While these resident decided not speak with the inspector visiting there for long, one resident indicated that they liked their home while a second said that they enjoyed it when volunteers sang with them. Towards the end of inspection, music and singing was heard coming from this unit.

The final resident met by inspectors offered to get coffee for the inspectors. After this they gave one inspector a tour of parts of the centre which included the self-

contained living unit where they lived. The resident appeared happy with their living arrangements and was seen to be comfortable with staff members on duty.

Capacity and capability

There was evidence of oversight of the running of this designated centre and of the supports that were provided to residents. It was noted though that the staffing arrangements in place to support some residents required review while there were gaps in the supervision of staff members and volunteers.

This designated centre had last been inspected by HIQA in July 2018 where an overall good level of compliance was found. Since that time the provider had increased the size of the designated centre by adding an additional unit to provide one resident with their own living area. At the time of the current inspection, the centre was registered to provide a full-time resident service for a maximum of 16 residents until April 2022. The purpose of the current inspection was to focus on the area of safeguarding of residents following receipt of information of concern in relation to this designated centre.

There was evidence of overall oversight of the designated centre. For example, regular management meetings took place in the centre where a wide variety of issues were discussed including safeguarding, matters relating to residents and staffing issues. A new regional manager had been recently appointed to support the running of this designated centre. The regional manager was involved in a total of four designated centres all located within a specific geographical region. The location of these centres helped to ensure that the regional manager was present in the current designated centre on a weekly basis to provide increased support and oversight.

It was also seen that, since the previous inspection, the provider had ensured that two unannounced visits were carried out. These are required by the regulations to be conducted every six months and are important in reviewing the quality and safety of care and support provided to residents. Reports of such visits were maintained which were reviewed by inspectors. It was noted that these visits focused on various areas impacting residents including safeguarding while actions plans were put in place to respond to any issues identified. The provider was also aware of the requirement to carry out annual reviews and was in the process of finalising such a review at the time of this inspection. It was noted though that it had been over 12 months since the previous annual review had been completed in July 2018.

Supervision of staff members can also aid oversight as such supervision helps ensure that staff can raise any concerns that they might have and receive support while also allowing for any performance issues to be discussed. However, it was

acknowledged by management of this designated centre that the supervision of staff members was an area for improvement. From reviewing records in the centre it was noted that supervision of staff members was not happening on a regular basis. For example, some staff had only been supervised once in 2019 while there were large periods of time between when other staff members received formal supervision. The staffing in this designated centre was supplemented by the use of volunteers in line with the provider's model of care. While there were gaps evident in the supervision of these volunteers also, it was noted that the frequency of supervision of volunteers had increased in the weeks leading up to this inspection.

The supervision of staff and volunteers working in this centre was carried out by senior members of staff including the person in charge, a safety and quality officer and house coordinators who also formed the management group for the designated centre. Members of this management group were also involved in an on-call system which was intended to provide assistance and guidance for staff members and volunteers if necessary outside of regular working hours. It was noted though that in the months leading up to this inspection, there had been some incidents where this on-call system had not functioned as intended which did have an impact on the operations of part of the designated centre. Since then it was seen that the person in charge had introduced some changes with a view to preventing similar incidents from reoccurring.

Staff members and volunteers spoken with during this inspection had an awareness of how this on-call system operated and indicated that they had received assistance when they needed it. There were some good staffing arrangements, as supported by the provision of volunteers, to support residents. For example, a range of training was provided to staff members and volunteers to ensure that they were equipped with the necessary skills and knowledge to support residents. It was noted though that the staffing arrangements in place to support some residents required review. For example, one resident did not have specific staff assigned to support them during the day. While this resident was offered support, this support came from a staff member who was specifically assigned to work with another resident in another building. Given the particular needs of the residents involved this required review.

While present in the centre inspectors reviewed a sample of staff files which are important in assessing the recruitment practices followed by a provider. It was seen that these files included the vast majority of the required information such as written references, proof of identity and evidence of Garda Síochána (police) vetting. While one file did not contain updated details of the position a staff member held, there was evidence that staff members underwent updated Garda vetting every three years in line with best practice. Complete staff files were maintained for staff sourced from an external agency while Garda vetting was also in place for volunteers. Planned and actual staff rosters were maintained in the designated centre but it was observed that some of these required improvement to ensure that they clearly identified who was working in the centre.

Regulation 15: Staffing

The staffing arrangements in place to support some residents required review to ensure that there was adequate support available from staff members given the particular needs of the residents involved. One staff file did not contain details of the position a staff member held while some rosters did not include the full name of staff working in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision of staff members was not taking place on a regular basis.

Judgment: Not compliant

Regulation 23: Governance and management

Provider unannounced visit were being carried out for this designated centre. Reports were maintained of such visits which included actions plans to address areas for improvement. An annual review had not been completed for this centre since July 2018. Audits in specific areas such as health and safety were being completed but it was noted that the on-call system in place had not operated as intended in the months leading up to this inspection.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers files were maintained which included evidence of Garda vetting along with written roles and responsibilities. Supervision was being provided to volunteers but it was noted that volunteers, including volunteers who commenced work in the centre in May 2019, had only received supervision in the weeks leading up to this inspection.

Judgment: Substantially compliant

Quality and safety

Inspectors were satisfied that there were some good arrangements in place to help support residents' needs and to keep them safe. It was noted though that a thorough investigation into a specific allegation had not been carried out while some matters of a potential safeguarding nature had not been reported in a timely manner.

Since the previous inspection, the provider had increased the size of the designated centre by adding an additional unit for one resident to provide them with their own space. It was seen that this change had some benefits from a safeguarding perspective as it had reduced the potential for negative interactions between some residents. When visiting this new unit it was seen that information on the identity of the centre's designated officer, whose role is to investigate any safeguarding concerns, was on display along with details of how to contact this person if necessary. Staff members and volunteers spoken with were aware of what to do in the event of a safeguarding concern arising and knew who the designated officer was.

The staff members and volunteers spoken with also indicated that there were no barriers to raising any safeguarding concerns. Records reviewed indicated that all staff members and volunteers working in the centre had been provided with safeguarding training while from the documentation reviewed there was evidence that most concerns were being reported promptly and investigated appropriately. However, when reviewing such documentation inspectors observed two occasions where issues of potential safeguarding concerns had not been reported in a timely manner. Reporting of any safeguarding concerns on the same day that the concern arises is in line with best practice and is important to ensure that all residents are protected from any potential abuse.

In addition, for one of these safeguarding concerns it was observed that a thorough investigation of the concern raised had not been carried out to determine if a particular alleged incident could have occurred or not. For example, some employees who may have had a greater knowledge of the alleged incident were not spoken with while there was a limited review of documentation. The investigation into this particular concern stood in contrast to investigations carried out for other similar potential safeguarding concerns. For these concerns it was seen that investigations of a more comprehensive manner had been carried out. Comprehensive investigations into any safeguarding concerns raised are necessary to provide assurances that appropriate responses have been taken to ensure the safety of residents.

During the inspection it was seen that most residents appeared comfortable in the presence of staff members and volunteers while some residents indicated that they felt safe while living in the designated centre. In the units visited by inspectors it was seen that residents had been provided with a homely environment and there was evidence of a community atmosphere in line with the overall ethos of the

provider. It was noted though that, while an inspector was present in one unit of the centre, an individual who did not live or work in the designated centre, entered the unit briefly while a resident was present. This individual did not knock before entering nor asked for any permission to do so. Such an instance did not promote residents' right to privacy while in their own home although it was seen that residents were treated in a respectfully manner overall during this inspection.

Consultation was also provided for and as part of this, residents were involved in the development and review of their own individual personal plans. Such plans are required by the regulations and are important in identifying the needs of residents and outlining the supports they require to have a good quality of life. A sample of these plans were reviewed by inspectors and it was noted that these had been informed by comprehensive assessments and were generally subject to annual review as required. Residents were involved in such annual reviews to ensure that their personal plans took account of their wishes and one resident talked about being present at such a review. It was noted though that a resident's most recent annual review had not taken place in a timely manner.

There was evidence that residents' needs were being provided for. For example, residents were seen to be engaged in activities which were of interest to them such as arts, music and swimming. Since the previous inspection it was noted that the location of one resident's bedroom had changed to reduce the potential for the resident to suffer any falls. Systems were also in operation to support residents' other health needs. Specific plans were contained within residents' personal plans to guide practice in relation to identified health needs such as diabetes and epilepsy. Staff members spoken demonstrated a good knowledge of these plans and how they would support residents with their health while access to general practitioners was also facilitated where required.

Systems were in place to protect residents in the event of a fire. In the units visited by inspectors it was noted that fire safety systems such as fire alarms, emergency lighting and fire extinguishers were present. Such systems were subject to checks by external contractors to ensure that they were in proper working order. Fire doors were also present which are important to prevent the spread of fire and smoke in the event of a fire occurring. It was observed though that one such door did not close fully thereby reducing its effectiveness. Records reviewed indicated that the majority of staff members and volunteers had received fire safety training although two staff members were noted not to have received this training at the time of inspection.

Regulation 26: Risk management procedures

A centre wide risk register was in place that had been recently reviewed. It was

noted that one risk included was no longer an active risk for this designated centre. Residents had individual risk assessments in place which were contained in their personal plans. While these had been recently reviewed it was noted that, after reviewing one particular resident, identified risks for the resident were not reflected in an appropriate risk assessment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were in place including fire alarms, emergency lighting, fire extinguishers and fire doors. Checks by external contractors were being carried out but it was observed that one fire door did not close fully. Records reviewed indicated that, aside from two staff members, all staff members and volunteers had received fire safety training. Residents also had personal emergency evacuation plans in place outlining the supports they needed in the event of an evacuation being required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which were informed by relevant assessments. As part of such plans residents had identified goals in place while personal plans were subject to annual reviews which involved residents. It was noted though that one resident's annual review had not taken place in a timely manner.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had plans in place to guide practice in relation to their health. These plans covered areas such as epilepsy and diabetes. Staff demonstrated a good knowledge of these plans and residents were also supported to attend their general practitioners where required.

Judgment: Compliant

Regulation 8: Protection

A specific allegation of a safeguarding nature had not been investigated in a thorough manner to determine if the alleged incident could have happened or not. Two incidents of a safeguarding nature had not been reported by staff members in a timely manner.

Judgment: Not compliant

Regulation 9: Residents' rights

While residents were seen to be treated respectfully, during the inspection an individual, who did not live or work in the designated centre, was observed to enter one unit of the centre without knocking or asking for permission before entering.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carrick on Suir Camphill Community OSV-0003608

Inspection ID: MON-0027877

Date of inspection: 12/11/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ol style="list-style-type: none"> 1. Review/assess staffing needs of residents 2. Submit recruitment request for Staffing to national office if more staff is needed to meet support needs 3. Submit & follow up on business cases to the HSE 4. To provide clear roster that includes full name of staff 5. Review staff contracts in order to comply with national policy and Schedule 2. 	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ol style="list-style-type: none"> 1. Review training gaps of current staffing 2. Provide overdue training for all staff 3. Provide supervision to all staff members who did not receive supervision in the last 6 weeks (prior to the 31/12/19) 4. Review staff annual appraisal dates and establish an annual schedule for appraisals. to commence in January 2020 5. Establish quarterly audits of staff supervisions- to identify and address gaps 6. To escalate to national office HR issues of extra needs of personnel to carry regular supervisions as indicated in the national policy 7. Establish supervision schedule for all staff and coworkers for 2020. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. To complete annual review report 2. To schedule biannually Regulation 23 Inspections of the Centre by the provider 3. To continue carry out regular health and safety audits 4. Review localized On Call System by HR manager and Principle social worker and fully implement it. 5. Retrain all staff on On Call System and ensure it is part of the induction to all agency staff before they start working in the service. 	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <ol style="list-style-type: none"> 1. To provide regular supervisions to volunteers as specified in Camphill policy 2. To provide supervision to any volunteer who did not receive supervision in the last six weeks prior to the 6/12/19- 3. To provide all mandatory trainings to Volunteers 4. To provide induction training to all new volunteers within 3 months of their arrivals 5. Establish supervision schedule for all staff and coworkers for 2020. 6. Role and responsibilities for coworkers to be included into the recruitment pack for coworkers. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. To review risk register and to remove risks which are no longer active for the designated Centre. 2. To identify additional risks for residents which are not included in current assessments. 3. To risk assess all new identified risks for residents, and review at the minimum 	

<p>annually or sooner as when needed.</p> <p>4. Lighting in the courtyard area is switch on permanently.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. To continue with scheduled regular checks of fire door function in all houses of the designated Centre 2. To provide regular fire safety training to all staff as part of the mandatory training 3. To review current staff training and provide training to staff who did not attend fire safety training 4. Fire door magnetic locks to be repaired to one door. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. Review dates of annual review of all residents in 2019 to ensure compliance of dates of review 2. Create a schedule and tracker for annual review of Personal Plan 3. Monitor schedule monthly 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. To review all allegations received in 2019 of a safeguarding nature in order to establish if the investigation carried out was comprehensive and thorough. 2. To investigate all allegation that are deemed to not have been investigated in a thorough manner to establish if the alleged incident could have happened or not. 3. All retracked allegations are given the same weight as all other allegations. 4. To train all staff In Safeguarding and protection of vulnerable adults to include reporting requirements 5. To issue staff communication memo to highlight reporting obligations 	

6. To discuss the above memo in all staff meetings

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To consult with each resident in order to establish their will and preferences regarding their rights – i.e. right to privacy, access to their home, etc.

To provide an inclusive training (residents and staff) to communicate the will and preference of residents, as per the consultation, are communicated to all members of the community and regular visitors in regard to dignity and respect and CCoI policies.

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	31/01/2020
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	25/11/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Substantially Compliant	Yellow	19/11/2019

	documents specified in Schedule 2.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/01/2020
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 23(1)(d)	The registered provider shall ensure that there 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.	Substantially Compliant	Yellow	24/01/2020
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	The registered	Substantially	Yellow	24/12/2019

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	21/11/2019
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new	Substantially Compliant	Yellow	31/12/2019

	developments.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	20/01/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	24/12/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	15/02/2020