Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre 7 Cheeverstown Community Services Oldbawn/Ballycullen
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	29 January 2020
Centre ID:	OSV-0004130
Fieldwork ID:	MON-0022567

About the designated centre

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

The service provides seven day per week residential care and support to adults with a diagnosis of an intellectual disability. The centre consists of four separate houses in the community within the geographical area of Dublin. There are three two-storey houses and one bungalow. In total 13 residents with an intellectual disability live in the centre within the age range of mid-thirties to mid-seventies. There are gardens to the rear of each house. Each of the residents had their own bedroom which had been personalised to their own taste. Each house has a kichen/dinning area and two bathrooms. The person in charge shared her time between the four houses. There are three social care leaders, three social care workers, two staff nurses and seven care assistants are employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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 29 January 2020	10:00hrs to 20:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector met with seven of the 13 residents living in the four houses in this designated centre. During these engagements some of the residents relayed their views to the inspector and, where appropriate, staff supported communication between residents and the inspector so that residents' views could be known. Residents' views were also taken from observations, Health Information and Quality Authority (HIQA) questionnaires, minutes of residents' meetings and various other records that endeavoured to voice the residents' opinions.

A number of residents advised through the HIQA questionnaires that they were happy with the overall choices provided to them; residents advised that they were happy with mealtimes and food provided in the centre. Furthermore, residents noted that they were happy with their bedrooms. During the inspection, a number of residents showed the inspector their rooms and appeared happy and proud showing them off and pointing out where they had chosen the paint colour, the storage, the bedding and layout of the room.

Residents also relayed that they were happy with the activities available to them. On the evening of the inspection, the inspector observed residents to be excited and happy about going out to the local disco. Other residents talked to the inspector about overnight trips away which they had enjoyed with their family and with the support of staff. A number of families noted on the questionnaires that they were always made feel welcome in the centre and that there was an area for them to meet with their family in private if they so wished.

Overall, residents and their families said that they were happy with the care and support provided by staff. However, many of the responses referred to the importance of continuity of care; for example, having staff who were familiar to the residents. One questionnaire noted that the resident liked familiar staff and people they knew well. Another questionnaire noted that the resident loved having regular staff in their home as the regular staff knew them best - One resident stated that, overall, they felt they were getting the support they needed to allow them to achieve their goals and objectives; however, sometimes they were unable to get out for a walk when there was no resource staff. Another resident noted that they would like a little more one-to-one time with staff and sometimes felt staff can be too busy to provide this.

Residents' questionnaires advised that residents knew who they could go to should they wish to make a complaint. One resident advised that they were happy about the way their complaint was dealt with and of the outcome. On the day of inspection, the inspector observed a resident talking with staff and management about a matter they were not happy with. This matter had been previously raised and solutions had been put in place; however, the resident advised that it had not resolved the issue. The resident was advised that the matter would be looked into further and that a new solution would be found so that the issue could be resolved.

The residents appeared relaxed throughout the conversation and seemed happy with the plan in place to deal with the matter.

Throughout the day the inspector observed friendly, jovial and caring interactions between staff and residents and it was evident that residents' needs were very well known to staff and the person in charge. The inspector observed that the residents appeared very comfortable in their homes and relaxed in the company of staff.

Capacity and capability

Overall, the inspector found that the registered provider and the person in charge endeavoured to ensure that a quality service was provided to residents. The service was lead by a capable person in charge, who was knowledgeable about the support needs of the residents and this was demonstrated through the care and support provided to residents. The inspector found that there had been many improvements since the last inspection and that this had resulted in a number of positive outcomes for the residents. However, the inspector found that improvements to the centre's workforce was warranted, in particular to ensure continuity of staffing so that resident attachments to staff members were not disrupted and maintenance of relationships was promoted.

Overall the governance and management systems in place were found to operate to a good standard in this centre. Annual reviews, provider audits and unannounced visits were taking place and ensured that service delivery was safe and that, for the most part, a good quality service was provided to residents. The inspector saw that the person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. Furthermore, the provider carried out clinical governance meetings on a quarterly basis with the person in charge to assure itself that a safe and good quality service was being provided to residents.

The inspector found that, overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. There was an actual and planned roster in place in the centre. The inspector found that the person in charge had put strategies in place to support residents to know in advance which staff would be working on each day. The roster was in an accessible format with photographs of the staff members working on each shift.

On review of past rosters the inspector found that there was a high dependency on relief staff in all four houses. The person in charge spent a considerable amount of their time working on staff rosters in an effort to ensure that many of the relief staff were employed on a regular shift pattern; the inspector saw examples where residents were supported by the same relief staff member on a weekly basis to attend a particular community activity. However, the inspector found that on average the rosters demonstrated that each house employed more relief staff than

permanent staff and that this impacted on the continuity of care provided to residents - The inspector found that a staff support needs assessment, to determine required staffing levels based on dependency requirements of each resident, was warranted.

A needs based training analysis had been carried out to assess staff training needs to enabled them provide care that reflected up-to-date, evidence-based practice. The inspector found that for the most part staff were provided with the organisation's mandatory training. Where training was out of date, the inspector saw that the necessary training had been scheduled within the next month. However, the inspector found that, overall, not all staff had been provided with training that related to the specific needs of all residents.

One-to-one supervision meetings alongside performance management meetings were taking place to support staff perform their duties to the best of their ability in line with the organisation's policy and procedures for staff supervision. However, the inspector found that the supervision support system in place for relief staff members required reviewing to ensure that it was pertinent to the relief staff role and responsibilities.

The person in charge was submitting notifications to HIQA regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

The inspector saw that there was an over-reliance on relief staff in the centre which overall impacted on the continuity of care provided to residents. On average, the rosters demonstrated that each house employed more relief than permanent staff on a weekly basis.

A review of staffing levels per house was required. An updated formal staff support needs assessment, to determine the required staff levels based on dependency requirements of each resident, was warranted.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that, for the most part, staff were provided with training to meet the specific needs of residents. However, the inspector found that not all staff had been provided with this training; for example, training in first aid, autism, personal plan and dysphagia.

The inspector found that there had been marked improvements to the provision of one-to-one supervision meetings to staff over the past two years.
However, improvements were required to the supervision support system in place for relief staff to ensure it was pertinent to their role and responsibilities.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre and it was in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The annual report and unannounced six-monthly reviews were being carried out and were followed up with action plans and appropriate time frames. The service was lead by a capable person in charge, who was knowledgeable about the support needs of the residents. However, the inspector found that a review of the person in charge's current role, including time dedicated to rostering relief staff, was warranted to ensure the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the information set out in the associated schedule. The statement of purpose was made available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all written policies and procedures were up to date. The inspector saw that many of the centre's Schedule 5 policies and procedures were currently at the final stages of review. However, there was no planned completion dates for the out-of-date policies to demonstrate when they were likely to come in to compliance.

Judgment: Substantially compliant

Quality and safety

For the most part residents' wellbeing and welfare was maintained by a good standard of care and support. It was evident that the person in charge was aware of residents' needs and knowledgeable in the care practices required to meet those needs. The inspector found that there had been a number of improvements in the quality and safety of the service since the last inspection; however, improvements were required to the centre's premises to ensure that the layout of each house promoted independence and enabled an excellent quality of life for all residents who lived in them.

The inspector found that, overall, the design and layout of most of the premises ensured that the residents could enjoy living in a comfortable and homely

environment. A number of houses had undergone recent decorative and structural upgrades including internal painting of houses, new carpet on stairways, new built-in wardrobes and improvements to outdoor garden spaces. The inspector found that despite the recent upgrades a number of improvements were still warranted. The majority of these tasks had been identified by the person in charge and had been logged with the maintenance team; however, to ensure the effectiveness of this system, the inspector found that timelines needed to be recorded to ensure that all tasks were completed in a timely manner.

The inspector found that in two of the houses residents' en-suite bathrooms were being used by other residents. In one house, a resident's en-suite bathroom was being used, as the bath in the main bathroom was not appropriate to the needs of the other resident living in the house. In another house, two residents were using another resident's downstairs en-suite bathroom as the upstairs bathroom was not appropriate to meet their needs at all times. An environmental assessment of the suitability of the premises to meet the changing needs of the residents had been carried out by the appropriate professionals in March 2019; however, the inspector found that the recommendations suggested in the report required review due to the changing and ageing needs of two residents.

The inspector sampled a number of residents' personal plans and found that residents' plans had been reviewed annually and that the reviews were in consultation with the residents, their keyworker and where appropriate, family members. The inspector saw that where a resident had recently moved to the centre they were provided with a robust transition plan which supported them enjoy a planned and safe transition into the centre. The inspector found that the resident was provided with an accessible format of their transition plan which ensured they were able to understand and be aware of what was happening throughout the move at all times.

The inspector found that residents were assisted to exercise their right to experience a range of relationships, including friendships and community links, as well as personal relationships. Residents were supported to maintain relationships with their friends and with their family. Many of the the residents milestone birthdays were celebrated at the centre where family involvement was promoted. Furthermore, many of the residents were supported to attend family functions and to have an integral part in them.

The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. A resident advised the inspector about their involvement in an advocacy video for a national organisation which promotes the rights of people with disabilities. Furthermore, residents were supported to engage in meaningful goals; one resident advised the inspector of their integral role in the organisation's staff induction programme.

Overall, the inspector found that residents were provided with opportunities to participate in activities in accordance with their interests, capacities and development needs. Residents were engaged in their local community through many different social activities such as shopping in the local shopping centre, attending

community healthy eating groups, enjoying treatments in the local beautician, going to the local disco, local football matches, attending religious services and enjoying meals and drinks out in cafes, pubs and restaurants.

The inspector saw that two of the houses provided transport which supported residents in accessing activities in their community. However, the inspector found that where transport was not available (in two other houses) this had resulted in some residents incurring more expenses when accessing their community. The inspector found that the transport arrangements throughout the four houses required review to ensure it was fair and transparent.

The inspector found that, overall, residents were protected by practices that promoted their safety. Overall, staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. On the day of the inspection there was an atmosphere of friendliness, and on review of personal care plans and through observations, the residents' modesty and privacy was observed to be respected.

However, there had been an increase of alleged safeguarding incidents reported to HIQA over the last six months from the centre and the provider had been requested to submit a provider assurance report relating to this issue. On review of the assurance report, the inspector found that there had been a satisfactory level of scrutiny by the provider of the alleged incidents to guarantee that safeguarding arrangements in place ensured residents' safety and welfare.

The inspector found that although none of the allegations were upheld, one of the alleged incidents highlighted the impact lack of continuity of staffing can have; for example one incident occurred where a staff member was not fully familiar with the practices and procedures in place to support a resident when lone working. However, the inspector found that where this had occurred increased support, supervision and further training had been provided.

The inspector found that there were appropriate fire safety precaution in place and these were serviced when required. Furthermore, the inspector saw that to support the needs of the residents, a number fire doors were kept open during the day and that most of the doors were either equipped or currently being equipped with an approved mechanism. Staff had received suitable training in fire prevention and emergency procedures, and fire drills were occurring at appropriate times throughout the year to ensure staff and residents were aware of the procedures to follow.

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident’s health and wellbeing. Medication was reviewed at regular specified intervals as documented in residents' personal plans - Overall, the practice relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate. The inspector found that safe medical management practices were in place and were appropriately reviewed.

Regulation 10: Communication

The residents in the centre had varying communication needs that were being supported. On the day of inspection the inspector observed that staff knew residents' communication requirements and were flexible and adaptable with the communication strategies used. The inspector saw that the person in charge and staff communicated effectively with the residents and were focused on the resident when having these communications.

Judgment: Compliant

Regulation 17: Premises

For the most part, the inspector found that the design and layout of the centre ensured that the residents could enjoy living in a comfortable and homely environment and residents were supported to express themselves through their personalised living spaces.

However, one of the houses did not fully meet the changing needs of two of the residents due to the lack of ground level communal bathrooms. In another house the facilities in one of the bathrooms was not meeting the needs of one residents. Both of these situations resulted in residents having to use other residents' en-suite bathrooms.

On the day of the inspection, the inspector found that two of the houses were very cold. The procedures surrounding the heating system in these houses warranted review to ensure that the houses were warm when residents arrived home in the afternoons.

There were a number of structural and decorative repairs required which the provider was aware of; however, not all of these had allocated time frames to ensure they were carried out in a timely manner. Some of the repairs included:

- Kitchen cupboard doors missing and badly chipped.

- Mould on an upstairs bathroom window.

- Tiles missing from a bathroom wall.

- A hole in the wall in a resident's bedroom and an attic door in a residents bedroom required reviewing to

ensure it was secure.

- Two of the houses had office furniture including computers, faxes and filing cabinet in the residents' dinning

room, kitchen and under hall stairs which took away from the homeliness of the house.

- The decking area out the back of one house was not fit for purpose; however, there were plans in place to

remove it and a slip mat had being placed on it for the interim.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector observed there to be adequate amounts of food and drink which was wholesome, nutritious and offered choice at mealtimes. Furthermore, the inspector found that interventions related to food and nutrition were recorded in resident's personal plan and implemented by staff.

Judgment: Compliant

Regulation 28: Fire precautions

To support the needs of the residents, a number of fire doors were kept open and most of the doors were either equipped or currently being equipped with an approved mechanism. However, some improvements were required:

- To support the needs of a resident in one house, their bedroom door required an approved mechanism to keep it

open when necessary.

- There was no evidence to demonstrate that a fire blanket in one of the houses had being serviced on an annual

basis.

- Follow-up documentation was required to provide assurances that a fire escape exiting on to a landlocked

garden met with fire safety regulations.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that, overall, safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

On review of a sample of plans, the inspector saw that residents were provided with 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 8: Protection

The inspector found that, despite an increase in alleged safeguarding incidents reported by the centre in the later half of 2019, there was an adequate level of scrutiny and oversight by the registered provider to guarantee that safeguarding arrangements in place ensured residents' safety and welfare.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that residents' rights were being respected and promoted in the centre. However, a few improvements were required to ensure residents' rights were promoted at all times.

On the day of inspection the inspector found documents in two of the kitchen areas which contained personal identifiable information about a number of residents.

In two of the houses, residents privacy was not respected at all times as residents' en-suite bathrooms were being used by other residents. Residents in two houses were provided with transport to support them to access the community, including activities of their choice. However, residents in two other houses were not, and there was no clear reason for the difference. The inspector found that, where transport was not available this had resulted in some residents incurring higher transport expenses when accessing the community. The inspector found that the transport arrangements throughout the four houses required review to ensure it was fair and transparent.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Centre 7 Cheeverstown Community Services Oldbawn/Ballycullen OSV-0004130

Inspection ID: MON-0022567

Date of inspection: 29/01/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will complete a formal staff support needs assessment. Following the review, if there is a requirement to increase the contracted staff compliment to houses(s) within the designated centre, an application will be made for an increase in budgetary allocation. The use of relief staff to respond to individual needs will be reviewed to ensure that there is continuity of care provided for the residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training needs analysis for core support staff in DC7 will be completed by PIC with Support Team Manager. Core support team members will access non mandatory training specific to the needs of residents in DC7. The PIC and Support Team Manager will ensure that all staff access the training identified as needed. The Support Team Manager has commenced supervision of Support Team staff and a schedule for 2020 is now in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The management and governance structure and responsibilities for the designated centre will be reviewed alongside a review of the community residential services. This will focus on ensuring the PIC can provide effective governance within the centre.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The PPPG committee has scheduled the review of each policy that is out of date. Review of all schedule 5 policies will be completed by July 2020

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has referred the one house which requires ground level communal bathroom to the Cheeverstown Property Management Committee for action. The Property Management Committee are considering 2 options as an interim plan: option 1 – to adapt the current ensuite to communal toilet facilities (entrance from utility room which will provide for communal access and all privacy needs met) or option 2 – to convert the current utility room to a communal toilet area. In order to be in a position to support the ladies changing needs in the longer term, the PIC (through the support of the Provider and Property Management Committee) will explore alternative appropriate housing options that will better meet their needs. The residents will be assisted to register on the Housing List with the local authority, and Cheeverstown will work in partnership with housing agencies. The Statement of Purpose for DC7 will be updated to reflect the shared access bathroom rather than ensuite. This bathroom allows for privacy for both residents as both doors have privacy locks. The procedures surrounding the heating systems will be reviewed in residents homes. The maintenance log for the designated centre will be updated by the PIC and Facilities Manager to log the structural and repair works required and an allocated timeframe for completion.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has identified doors for magnetized closing system based on assessed need of residents and made application to Cheeverstown Property Management Committee for funding approval. All fire blankets across the centre have been serviced and the records are available. Cheeverstown engaged a Fire Inspector to review the property and he has provided an assurance that a fire escape exiting to a landlocked garden meets with fire safety

regulations. This review was completed by the Fire Inspector on 5th February 2020. His reported findings provide an assurance that the property meets criteria as provided for in Technical Guidance Document Part B for Dwelling Houses and the fire escape route is appropriate (please refer to Factual Accuracy).	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the storage of personal information within the home that relates to identified risk issues will be undertaken. A review relating to the financial implications on access to transport will be undertaken by the PIC, financial controller, and transport manager to consider equality of access.	

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.	Substantially Compliant	Yellow	30/04/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/04/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/07/2020

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2021
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	30/04/2020
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of	Substantially Compliant	Yellow	31/03/2020

	purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2020
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	30/04/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/03/2020

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2020
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	31/05/2020