



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

## Issued by the Chief Inspector

Name of designated centre:	Summerhill House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	07 November 2019
Centre ID:	OSV-0004649
Fieldwork ID:	MON-0027431

## About the designated centre

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

The statement of purpose states that the centre Health Service Executive, Summerhill House, provides long-term residential care to seven adult residents, both male and female, with severe to profound intellectual disability, autism and behaviours that challenge. Residents require full time nursing care and have additional care needs including support with behaviours. The centre comprises a large two story house located in rural town. It has all single bedrooms with two living rooms, a kitchen, and a large accessible, safe and well equipped garden. Residents attend day services attached to the organisation, external agencies and also have in-house activities. An appointed person in charge was responsible for the oversight of the day to day operations of the centre.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
07 November 2019	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

Throughout the day the centre was a hive of activity with residents coming and going. Residents were encouraged to have a busy and enjoyable day. One resident was observed partaking in sensory and water sessions. One resident spent time throughout the inspection popping in and out of the office. They showed the inspector what was in their bag which they liked to have around them during the day. They proudly showed the inspector their hat. Staff facilitated residents to have a rest from their busy schedule in the afternoon if they chose. Residents artwork was proudly displayed in a communal area of the house. A number of residents chose not to interact with the inspector but to continue with their plan for the day. This choice respected.

All interactions between service users and staff were observed to be positive and respectful in nature. Staff had a keen awareness of the support needs of all residents currently residing within Summerhill House. Residents present on the day of the inspection appeared very comfortable in the company of all staff and management present in the centre. Staff were observed communication with residents in accordance with their communication needs and responding in a positive manner to all forms of communication. All information relating to the individual needs of the residents was presented in a respectful dignified manner.

The inspector had the opportunity to meet with family member who spoke highly of the service provided to their sibling within the centre. All visits were welcomed and facilitated in a communal area or within the residents now private bedroom. Visit from relatives were supported and facilitated including residents being brought to the family members home by staff.

## Capacity and capability

Summerhill House presented as a service where the registered provider was implementing measures to strive to achieve a high level of compliance. Through the appointment of a clear governance structure and overall effective monitoring systems service users were provided with a safe, effective and person centred service. Following the previous inspection in April of 2019 the capacity of the centre had reduced with seven residents now residing in the centre. All residents were also now provided with their personal private bedroom.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person had been newly appointed to this role within the centre. They reported to two individuals appointed to the role of persons participating in management. Due to this change in the governance of the

centre, a comprehensive audit of service needs had been completed to identify areas of concern which required to be addressed. This included the review of restrictive practice and the implementation of formal staff supervision. To ensure actions identified were addressed in a timely manner a robust action plan had been identified incorporating the person responsible for the completion of actions set and a time frame for their completion. Since their commencement in their role the person in charge had also completed a number of centre level audits. For example, financial audits.

In conjunction with this, the registered provider had ensured the completion of organisational level monitoring systems such as the regulatory required annual review of service provision and six monthly un-announced visits to the centre. These systems incorporated input from residents and families where possible and were utilised to drive improvements in the service. Regular un-announced visits to the centre were implemented by a delegated person. These visits were completed at different times of the day and night to identify areas for improvement across a range of scenarios. Following the visit a report was generated and forwarded to the person in charge. Whilst these systems were now in place to address areas of non-compliance, a number of areas identified in a previous inspection in April 2019 had not been addressed.

The registered provider had ensured the staffing allocated to the centre was appropriate to the needs of the service users. Hours completed by the staff team ensured that residents were supported to actively engage in meaningful activities. This was reflected in a current and actual roster maintained by the person in charge. A schedule had been developed to ensure all staff received a formal supervisory meeting in accordance with the organisational policy. Each staff had received a minimum of one meeting since the person in charge was appointed. One area discussed within the formal meeting was the area of training. A number of staff required training in a number of areas deemed mandatory by the registered provider. This included food hygiene and manual handling. Due to the multiple and complex support needs of residents this required review.

The person in charge was actively completing their regulatory required duties. For example, a statement of purpose for the designated centre was in place which was regularly reviewed, a directory of residents had been developed. Whilst the majority of notifiable incidents had been reported to the office of the chief inspector, this required review to ensure all incidents required were reported in a consistent manner.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. Complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

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

The registered provider had ensured a full application to renew the registration the designated centre was submitted in a timely manner.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had ensured the staffing allocated to the centre was appropriate to the needs of the service users.

Nursing care was afforded as required. An actual and planned rota was in place and maintained by the person in charge.

Judgment: Compliant

## Regulation 16: Training and staff development

A schedule was now in place to ensure all staff members received formal supervision in line with organisational policy.

A number of staff required training in a number of areas deemed mandatory by the registered provider. This included food hygiene and manual handling. Due to the multiple and complex support needs of residents this required review.

Judgment: Not compliant

## Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance structure had now been appointed to the centre. Through effective monitoring systems the registered provider had self-identified areas for improvement and developed plans to address this.

The registered provider had ensured the completion of organisational level monitoring systems such as the regulatory required annual review of service provision and six monthly un-announced visits to the centre.

Whilst these systems were now in place to address areas of non-compliance, a number of areas identified in a previous inspection in April 2019 had not been addressed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

Arrangements were not in place to ensure that all notifiable events were notified

in accordance with regulatory requirements.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the service provided to the residents currently residing within Summerhill house and found that residents were encouraged and facilitated to participate in a range of activities. Residents were supported to participate in community activation and participation in social roles. Residents were consulted in the day to day operations of the centre where possible. Following the transition of a number of residents the dignity of residents through the introduction of private bedrooms. To achieve compliance with the regulations some improvements were required.

An area of non-compliance identified as part of previous inspection was in relation to individualised personal plans. A new format was in place to implement an annual assessment of need for each individual. However, this had not been implemented for each resident to date. This body of work had been identified by the person in charge as a priority to ensure all staff were aware of the supports required to ensure residents were afforded with a safe and effective service. Audits were in the process of being implemented to determine actions to be completed and by whom.

Residents were afforded with ample opportunities to participate in a range of meaningful activities. These activities were encouraged within the home and in the local community. Staff were observed encouraging residents to participate in a range of activities. Where resident chose not to participate in an activity this choice was observe to be respected and an alternative was offered. Individualised goals had been developed for each resident through the development of a "My life, My choice" workbook on an annual basis. Such goals include planning an overnight trip over the Christmas period and decorating their new bedroom.

As the capacity of the centre recently reduced to seven all residents were now afforded with their private bedroom. Staff were in the process of supporting residents in decorating this personal space in accordance with their individual likes

and interests. However areas of the property were not in a good state of repair. For example, the carpet on the stairs was worn and damaged. Bathrooms of a sufficient number were present throughout the house. However; the standard was not suitable to meet the needs of the residents. Flooring surrounding toilet bowls was damaged; at times it was difficult to manoeuvre required equipment within all bathrooms spaces. Whilst the communal areas of the house appeared clean some areas of the house did not appear to be consistently cleaned on a regular basis for example resident's bedroom appeared dusty.

The person in charge had not ensured effective systems were in place to ensure residents were supported to buy, prepare and cook their own meals. The main meals were delivered in a "hot box" from a central location, served by staff. Some cupboard stock was available consistent of tinned products. Staff were awaiting delivery of fresh fruit. There was no evidence of residents participating in the purchase or preparation of their mealtimes. Not all staff members had been trained in the area of food hygiene to ensure food was prepared safely. Due to the presence of a restrictive practice of the kitchen area being locked residents could not freely access snacks without support from staff. The dining room area was also not consistent with an enjoyable dining experience. The dining table did not have matching chairs the table was not observed to be set at mealtimes. Individualised place mats had been developed to provide guidance to staff, regarding the supports required by residents during mealtimes.

Whilst restrictive practice was utilised to promote the safety and well-being of residents, this required review. Since the transition of a number of residents from the centre, the rationale for all restrictions was not clear. Also, it was not clear that practices in place were utilised for the shortest duration necessary. The person in charge had ensured staff were afforded with up to date guidance to support residents with behaviours of concern. A "grab sheet" had been developed in conjunction with a comprehensive plan to ensure that residents were supported in timely effective manner. Staff were observed adhering to positive behaviour support guidelines.

The areas of risk management and safeguarding were reviewed on this inspection and residents were found to be well protected and safeguarded by policies, systems and practices in place. A risk register was used by the provider which outlined the predominant risks in the centre such as falls, behavioural risks and environmental risk. There was evidence of ongoing review of risk. Where a risk was present which required additional resources this had been escalated to the senior governance team by the person in charge. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made. Safeguarding plans were in place as required and were regularly reviewed.

The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner. One fire door was in the process of being repaired. Following transition of a number of residents a variation of scenarios were now required to be completed as part of fire

evacuations so ensure the guidance within the personal emergency evacuation plans remained effective.

### Regulation 13: General welfare and development

Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests.

Judgment: Compliant

### Regulation 17: Premises

As the capacity of the centre recently reduced to seven all residents were now afforded with their private bedroom. Areas of the property were not in a good state of repair or consistently cleaned and required review.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The person in charge had not ensured effective systems were in place to ensure residents were supported to buy, prepare and cook their own meals. Effective systems were not in place to ensure all meals were safely prepared, cooked and served.

The dining room area was also not consistent with an enjoyable dining experience. The dining table did not have matching chairs the table was not observed to be set at mealtimes

Judgment: Not compliant

### Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and ensured a copy was made available.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

One fire door was in the process of being repaired. Following transition of a number of residents a variation of scenarios were now required to be completed as part of fire evacuations so ensure the guidance within the personal emergency evacuation plans remained effective.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

An area of non-compliance identified as part of previous inspection was in relation to individualised personal plans. A new format was in place to implement an annual assessment of need for each individual. However, this had not been implemented for each resident to date.

Each service user had individualised goals in place to achieve during their stay, evidence of participation or progression of these goals was consistently documented. There was evidence of resident involvement in their personal plans and goal settings.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

Whilst restrictive practice was utilised to promote the safety and well being of residents, this required review to ensure all restrictions were utilised for the shortest duration necessary in the least restrictive manner.

The person in charge had ensured staff were afforded with up to date guidance to support residents with behaviours of concern.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

## Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted in aspects of their support needs where possible.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Summerhill House OSV-0004649

Inspection ID: MON-0027431

Date of inspection: 07/11/2019

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Mandatory Training Requirements: Trust in Care scheduled or 2nd and 3rd December for 4 staff outstanding and 1 of these is on long term sick leave. MAPA scheduled for 1 staff outstanding and 1 staff on long term sick leave. AED/CPR scheduled for 5 outstanding staff on 2nd December. Food Hygiene training scheduled for 3rd and 5th December for 9 outstanding staff (this includes nursing staff). Safeguarding outstanding for 1 staff scheduled for Fri 13th December. Children's First, Fundamentals of GDPR and Health, Safety and Security e-learning programmes will be completed by all outstanding staff by December 6th.</p> <p>There is a live training matrix which identifies when staff require re-training/refreshers and the PIC can access same and identify to staff and training coordinator.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new template has recently been implemented in the centre for the purpose of Annual Reviews, whilst not all residents Annual Reviews have been completed using this template, going forward all 7 residents will be using the new template from January 2020 when reviews are scheduled.</p>	

Since decrease in numbers of residents in October 2019, there are now only 2 residents with very well controlled epilepsy in the centre. There are 2 nurses on duty daily but also 4 non-nursing staff trained in administration of rescue medication if required when out with these residents. Their risk assessments have been reviewed and amended so now there are no limitations on them accessing social opportunities/activities when no nursing staff available.

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:  
 There is now a recently appointed full-time PIC in place in the centre who is very familiar with the centre, residents and notification requirements. There had previously been communication issues when there was a full-time manager in the centre and a PIC who was based in a different centre. This has now been eliminated and resolved.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Pictures of dining-room furniture requirements and stairs carpet have been escalated to the General Manager for funding approval to replace same. Funding has now been approved and these items will be provided/replaced within 3 weeks.

Cleaning schedules have been reviewed and amended, staff have been advised on the standard required. Resident's bedrooms are scheduled for deep clean on a weekly basis with daily cleaning occurring also and addressing any obvious issues/concerns at the time.

Funding request for replacement of floor covering in additional areas of the home has also been requested.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and

nutrition:

Food Hygiene training is scheduled for 3rd and 5th of December for all staff including nursing staff.

All breakfast choices are prepared freshly in the centre on a daily basis, numerous choices/options available. Fresh snacks are also available to residents when requested.

Dinner and evening meals are provided through a central catering department adhering to Hazard Analysis and Critical Control Points regulations and requirements. Any deviation in regulations e.g. temperatures is notified to the catering department/manager immediately and rectified. There is a 4 week rolling menu with alternative options/choices available at each meal. The dislikes of individual residents is also notified to the catering manager along with any specialized dietary requirements.

The residents may enjoy a weekly take-out meal of their choosing or staff can facilitate and support the preparation and cooking of meals chosen by residents when requested. Negotiations are currently underway to ascertain the facilitating of food being prepared and cooked fresh in the centre for the evening meals. All staff will require food safety and hygiene training at level 2 prior to commencing trial of this initiative.

Funding approval secured for replacement of dining-room furniture.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The fire door which caused concern at time of inspection has since been replaced.  
The PIC has carried out Fire drill evacuations with staff since the transition of 3 residents.  
All Personal Emergency Evacuation Plans have been reviewed.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
A new template has recently been implemented in the centre for the purpose of Annual Reviews, whilst not all residents Annual Reviews have been completed using this template, going forward all 7 residents will be using the new template from January 2020 when reviews are scheduled.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A referral to the Restrictive Intervention Review Committee has been completed to trial removal of lock to kitchen door from hallway and dining-room. Individual Risk assessments and Support plans and also Health and Safety risk assessments have been updated in light of same.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2019
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.	Not Compliant	Orange	31/01/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2019
Regulation 17(7)	The registered provider shall	Not Compliant	Orange	31/03/2020

	make provision for the matters set out in Schedule 6.			
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	31/01/2020
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	31/12/2019
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Not Compliant	Orange	31/12/2019
Regulation 18(4)	The person in charge shall ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.	Substantially Compliant	Yellow	28/11/2019

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	31/01/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	07/11/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre	Not Compliant	Orange	31/01/2020

	is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/01/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/11/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/11/2019