



## Office of the Chief Inspector

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

Name of designated centre:	Waxwing 2
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	09 April 2019
Centre ID:	OSV-0004842
Fieldwork ID:	MON-0023390

## About the designated centre

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

Waxwing 2 comprises of two houses which provides full time residential care for adult men and women, with intellectual disability. The houses are located on the outskirts of a small town in Co. Clare with access to local shops and amenities in a nearby large city.

Both houses are detached bungalows with parking facilities at the front of both properties. One house can accommodate six adults and is comprised of a kitchen, dining room and living room. All residents have their own bedrooms; two bedrooms have en-suite facilities with an additional shower room also available for residents. There is a secure garden area to the rear of the property. The second house can accommodate five adults and is comprised of a kitchen/dining room, living room, office, sitting room. All residents have their own bedroom, one of which has an en-suite. There is also a shower room and bathroom and staff bedroom. There is a spacious garden to the rear of the property. Residents have access to transport and the service is provided through a social care model of support. All residents are supported to attend day services as per their wishes and needs outside of the centre. Residents are not usually present in the centre between 9:30 am -4pm. Residents are supported by social care staff during the day. At night, one house has two waking staff, reflective of the current needs of the residents and the other house has one sleep over staff. The multi-disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as

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

Current registration end date:	31/12/2020
Number of residents on the date of inspection:	11

## 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
09 April 2019	08:10hrs to 15:30hrs	Elaine McKeown	Lead

## Views of people who use the service

The inspector met with ten of the residents on the day of inspection. One resident was receiving support to meet their current medical needs in a nursing home at the time of inspection.

The inspector was invited to look around the first house with one of the residents after they had finished their breakfast. This resident showed the inspector their student identification for a local college where they are scheduled to graduate from in June. They have proudly completed a course in advocacy. The resident spoke of their love of music and showed the inspector photos of themselves with a favourite singer of theirs. They have also assisted backstage at some concerts of this artist with the support of staff. Their bedroom room was decorated with posters of a favourite band and plenty of personal music sources were evident around the resident's room such as headphones. The resident showed the inspector their current training exercise programme and spoke of how they are progressing using a treadmill in the day service that they attend daily. The resident is hoping to commence more outdoor work in garden areas with staff support as the weather improves. The resident also had special Olympic awards for golf in the past and continues to enjoy this pastime with peers and staff.

Another resident was happy to show the inspector their room which was bright and was filled with family photographs, pictures of animals, their own TV, an exercise plan and their priorities for the year.

The inspector also spent time with the residents in the second house in this designated centre. One resident had lots of videos of old cowboy movies that they enjoyed watching in the comfort of their bedroom. Another resident gestured their pride of their tidy room which was decorated in pink shades and had an antique piece of furniture. This room had old family photographs and artwork on the walls. Another resident was knitting while resting on their bed and told the inspector about a recent outing they had enjoyed to a local beach. They also showed the inspector a blanket that had been made for them which had prints of special photos on it; this was a cherished possession of the resident. There were a few items that had been knitted by the resident in the room and the resident proudly spoke about these items and who they were planning to give them to as gifts.

The inspector was told by staff of other residents' interests and hobbies. There was good communication between the residents and staff. All residents were relaxed in the company of staff. Throughout the inspection staff were observed interacting with and supporting residents in a dignified and respectful manner. The individualised care all residents received in this centre was evident throughout the inspection.

## Capacity and capability

Throughout the inspection the provider demonstrated their capacity and capability to deliver an effective and quality service. However, while being shown around one house, the inspector noted an oxygen cylinder lying on it's side in the bottom of a resident's wardrobe. This cylinder did not belong to the resident and was not required by any resident currently residing in the designated centre. The inspector requested the immediate removal of this cylinder from the centre. The person participating in management removed the cylinder from the resident's bedroom immediately and requested the appropriate personnel remove the item as per the provider's own procedural guidelines from the designated centre. This was addressed and completed before the inspector left the house.

The provider had adequately addressed findings from the previous inspection, all residents had their own bedrooms and from the documents reviewed during the inspection the healthcare needs of residents had been comprehensively assessed. However, in the report from the provider's last six monthly un-announced visit in December 2018 it was reported that some actions from the previous six monthly unannounced visit had not been progressed. Some of the outstanding actions included; personal emergency egress plans & behaviour support plans for all residents had not been reviewed as per the provider's guidelines. While some actions had been completed, others were being progressed. On the day of inspection the inspector also noted inconsistencies in the review of some documentation as per the provider's own guidelines, the risk register had not been reviewed in March 2019 as per the provider's guidelines.

The inspector was unable to meet with the person in charge on the day of inspection. However, the person participating in management was able to facilitate the inspector on the day and was very knowledgeable about the residents' needs and supports. They also spoke confidently about their responsibilities and the management system in place to ensure safe and appropriate care was been provided for the residents.

On the day of the inspection, the provider had ensured that staffing arrangements at the centre were in line with the current assessed needs of the residents. Some residents are provided with support from staff in day services who come to the designated centre to begin the support in the mornings. The provider is actively reviewing the support provided to the residents especially during periods when the day service is closed. The needs of some residents are complex and additional staff support when available assists the ability to provide more support to residents. Staff who spoke with the inspector were knowledgeable of the residents' assessed needs.

All staff received regular supervision, however, not all staff had received up-to-date training in manual handling and managing behaviours that challenge. It was noted

on the centres training matrix that some staff had not attended training in clamping of wheelchairs. There are residents in both houses who require the use of wheelchairs. The person in charge had recently begun to schedule regular staff meetings; this was an action from the provider's six monthly audit. While the person in charge had been keeping staff informed of issues pertaining to the designated centre a more formal meeting format has been commenced.

Following a review of the incident log it was noted that all notifications had not been submitted to the Office of the Chief Inspector in line with regulatory requirements when there had been a recent loss of power to the designated centre. Also, incorrect details for one resident had been submitted on another notification. These were reviewed during the inspection & the notifications were submitted retrospectively correctly to the inspector following the inspection.

### Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the current needs of residents. There was continuity of care and a planned and actual roster in place.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff received regular supervision. However, at the time of inspection not all staff had received up-to-date training in manual handling and managing behaviours that challenge. Some staff were scheduled to attend training in the weeks following the inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents was not available for review on the day of inspection.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider had good monitoring systems in place to ensure the quality of care to residents. However, evidence of progression on action plans from the provider's six monthly unannounced visit to ensure compliance with the regulations still remained outstanding and there were gaps in documentation which will be actioned under Regulation 19: Directory of Residents and Regulation 26: Risk Management Procedures.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Not all notifications had been submitted to the Office of the Chief Inspector in line with regulatory requirements.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There were no open complaints at the centre at the time of inspection. The provider ensured a system was in place for complaints to be made, responded to and managed in the centre. The provider also ensured there was an easy read version available to residents.

Judgment: Compliant

## Quality and safety

The inspector found the provider had measures in place to ensure there were robust quality and safety procedures in the designated centre. Residents' received person centred care and were supported to maintain and develop their level of independence in line with their assessed needs.

The inspector visited both houses in this designated centre on the day of the inspection, both were centrally located with good access to local amenities. Both houses had access to transport. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture for



residents to store their clothing and belongings. However, the space in the kitchen-dining area of one house did not facilitate ease of access or free movement for residents requiring the use of a walking frame or wheelchair. Staff were observed moving a resident in a wheelchair at the kitchen table to allow another resident to pass. During the inspection, it was discussed about the consideration to reconfigure the furniture layout of the room that the residents like to spend time in to ensure they have space to mobilise freely in the area. In the second house the inspector was informed that residents could receive visitors in the sitting room. One resident accessed their bedroom through this sitting room and the only other communal space in the house was the dining room. This space also contains a small alcove where staff attend to their administration work for the house. While staff informed the inspector visitors usually went out with the residents from this house, the availability of private space for residents to meet with visitors was limited.

Throughout the inspection, staff were observed to interact positively with residents and to provide person centred support. The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The provider ensured that personal plans were subject to regular review, the documents reviewed by the inspector were comprehensive and guided staff on how to support residents' needs. While there were restrictive practices in place, the residents were informed and consented to the restrictions which pertained to their individual well-being. There were systems in place to support the management of behaviours that challenge. This ensured a consistent approach to the support provided to residents.

Residents' healthcare needs were responded to as required. The provider was actively supporting and engaging with the staff of a local nursing home that was currently providing care for one resident that had been discharged from hospital following investigations for a change in their medical needs. Members of the staff team and clinical nurse specialist in age related care have visited this person regularly and the provider is actively engaging with the multi-disciplinary team and family members to formulate a plan of future care for this resident. Other documents reviewed by the inspector showed that residents' healthcare needs were responded to as required. Residents also accessed the national health screening programme.

The provider has engaged with the authority regarding the completion of the final phase of compartmentalisation of designated centres within its remit. Currently, the provider has the following precautions in place against the risk of fire in this designated centre. The installation of emergency lighting and fire alarm which have been serviced and certified by a fire safety engineer, all staff have received fire training, including refresher training. Staff and residents who spoke with the inspector knew how to respond in the event of a fire in the designated centre. While the provider had ensured fire drills were carried out at the centre, it was unclear from the documentation if all staff had participated in fire drills. Also, fire drills were carried out in one house at the same time of the day, no drill had occurred with

minimal staffing numbers.

The provider has ensured all staff have attended or are booked to attend safe administration of medication training. The medication audit of 1 March 2019, did not contain the details of who conducted the audit or did not provide details as required by the audit, regarding the safe transporting of medication with a person while travelling which had been ticked by the auditor.

### Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their needs and wishes. The provider is supporting residents to access the internet as per their expressed wishes and this is being reviewed within the organisation.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and were supported by staff to visit their families. However, the layout of one house required visitors to use the sitting room which was not a private space.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions as per the organisational policies and procedures. The provider ensured that all residents were supported to manage their own laundry in accordance with their wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in social and community activities. The provider had also ensured that the residents received appropriate care and support

having regard to their assessed needs and abilities.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The centre was clean, comfortably furnished and well decorated which reflected the residents' personal interests and tastes. However, movement around some communal space was restricted for those with mobility aids.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
Residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The registered provider had prepared a guide in respect of the centre and had ensured a copy was available to all residents.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The person in charge did have a risk register for the designated centre and actions identified from internal audits were being progressed, however, the risk register was due to be reviewed by the end of March 2019 and this had not been completed on the day of inspection. Also, the presence of an oxygen cylinder in the centre was not identified on the risk register with no control measures in place for this risk.
Judgment: Not compliant

## Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had measures in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff and fire safety training for staff. However, the fire drills completed did not have details of the staff who participated and no minimal staffing drill had taken place in one house.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

All staff involved in the administration of medications had received training. There were reviews of medication practices in the centre leading to safe medication management practices.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plans that were reviewed on the day of inspection were comprehensive and reflected residents' needs and staff knowledge. Residents' participated in their annual personal plan review meetings and their personal goals were being progressed.

Judgment: Compliant

## Regulation 6: Health care

Health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Staff had up to date knowledge and skills to respond to behaviour that challenge and to support residents to manage their behaviour, the provider had also scheduled two staff in the coming weeks for refresher training as per the training matrix requirements.

Judgment: Compliant

### Regulation 8: Protection

The provider had made available easy read documents for residents to ensure they were assisted and supported to develop the knowledge, skills and self-awareness for self-care and protection as per the assessed needs of individuals. The provider had appropriate systems in place to protect residents from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had an active role in the decision making at the centre and were involved in regular forum meetings. The provider ensured that the residents were aware of their personal rights and information was available on how to make a complaint and access advocacy services.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Waxwing 2 OSV-0004842

Inspection ID: MON-0023390

Date of inspection: 09/04/2019

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <ul style="list-style-type: none"> <li>• Training records have been reviewed by the Person in Charge. Those staff who require training refreshers have been confirmed to attend to the required training by the end of June 2019.</li> <li>o Staff have been confirmed to attend Client and Manual handling training will have done so by the 28/06/2019</li> <li>o Staff requiring MAPA training have all been confirmed to attend this training by 01/07/2019</li> </ul>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The registered provider shall establish and maintain a directory of residents in the designated centre.</p> <ul style="list-style-type: none"> <li>• Directory of Residents for the centre is in place</li> </ul>	

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Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

- Outstanding items from unannounced inspections are currently being addressed by the PIC and the Area Manager, a further provider lead unannounced inspection took place and all outstanding actions from these inspections relating to documentation are to be completed by 28/06/2019
- The Directory of Residents for the center has been established By the Person in Charge.
- Risk Monitoring for the center was completed by the Person in Charge on 11/04/2019.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

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 fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

- The incident of the loss of power was not notified at the time to the PIC and therefore the Person In Charge was not aware of this instance and subsequently it was not notified to the regulator.
- The PIC has since discussed this instance and other matters related to notifications with the staff in the centers. They are aware of their responsibility to inform the PIC, 12/04/2019.

- The PIC has completed a notification NF09, to the regulator in response to this loss of power on 12/04/2019.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:  
 The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident’s room, is available to a resident in which to receive a visitor if required.

- The staff in the centre are very aware of this issue and make every effort to provide privacy to those residents receiving visitors. This is done where possible by planning activities for others to ensure a room is free for the visit to take place.
- The PIC will talk with staff in the centre in relation to this matter at the next staff meeting, 14/06/2019.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 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.

- The environment of concern has been considered and the PIC has worked with the residents of the house to reposition some of the furniture to declutter the congested area. This was addressed on 04/05/2019.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 The registered provider shall ensure that the risk management policy, referred to in

paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.

- Risk Monitoring for the centre has been completed 11/04/2019.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

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.

- A fire drill has since been completed to reflect minimal staffing; only one staff assisting residents to evacuate, on 14/05/2019 at 20.15pm.
- Staff participating in drills have entered details of the staff who participated on the report form.

## 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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	14/06/2019
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.	Substantially Compliant	Yellow	01/07/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	04/05/2019

	designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Yellow	15/05/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	28/06/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard	Not Compliant	Orange	11/04/2019

	identification and assessment of risks throughout the designated centre.			
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	14/05/2019
Regulation 31(1)(c)	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 fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Substantially Compliant	Yellow	12/04/2019