



Office of the Chief Inspector

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

Name of designated centre:	Cairdeas Services Waterford East
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	22 February 2019
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0026560

About the designated centre

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

Cairdeas Services Waterford East is a single house located on the edge of Waterford city in a rural area, with access to urban facilities by vehicle. There is a vehicle allocated to the house. It has capacity to transport all residents. The service currently provides full-time residential care for one person and part-time residential care for five persons. There is never more than four persons residing within the service at any one time. All residents are adults. Meals can be prepared within the house and laundry facilities are available to residents within the house. Residents are facilitated to access medical services within the community, and nursing care can be provided by staff, either within the house by staff or through the on-call nursing arrangement operated by the registered provider. The statement of purpose for the centre states that the provider aims to offer a service "based on the recognition of each person (who is supported by [the] service) as an individual, an equal citizen with equal rights and an absolute respect of that status". They aim to "support each person to live their lives based on their own personal vision and choices", and "as independently as they wish".

The following information outlines some additional data on this centre.

Current registration end date:	12/03/2020
Number of residents on the date of inspection:	4

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
22 February 2019	09:00hrs to 13:10hrs	Liam Strahan	Lead
22 February 2019	09:00hrs to 13:10hrs	Conor Brady	Support

Views of people who use the service

There were four residents in the centre on the day of inspection. One resident lived in the centre on a full-time basis and the other three residents live in the centre on a time-share basis. Residents communicated non-verbally but engaged with inspectors in accordance with their own abilities.

All residents met the inspectors on the day of inspection and welcomed them into their home before departing for day services. The residents indicated to inspectors that they were happy with the service provided within the centre. They appeared well looked after and their morning routine was relaxed, respectful and dignified. One resident took time to show inspectors his keyboard and musical interests.

Other residents were observed to be getting their hair done in 'French plaits' which they appeared to really enjoy and staff members were observed taking very good care of residents.

Inspectors had opportunity to observe staff interactions with residents and staff assisting residents onto transport. Residents appeared comfortable with staff and staff were observed as being mindful to follow morning routines in line with residents' expectations. Very good practice was observed.

Capacity and capability

This inspection was undertaken to assess ongoing compliance with regulation. It was an unannounced inspection. Overall good levels of care were observed and these were seen to have good outcomes for residents. Care was clearly implemented in a manner that was respectful of residents. However some improvement was required at the governance level with regard to the provider's responsibilities to assure themselves of the quality of service being provided.

Two days prior to the inspection the provider notified to the office of the chief inspector that they had appointed a new person in charge 12 days previously. This was outside of the time-frames provided by regulation for making such a notification. Nevertheless the timing of this notification was coincidental to the timing of this inspection. It happened that the new person in charge was on a scheduled day off on the day of inspection, however the person did have the required qualifications and experience for appointment to this role and was employed on a full-time basis. The newly appointed person in charge had previously held a management position within the centre and paperwork indicated that she had been fulfilling the majority of the person in charge responsibilities. Rosters reviewed

on the day of inspection recorded that the former person in charge had for some months been scheduled to work at a different location on a full-time basis. Staff and residents were familiar with the newly appointed person in charge.

There was a suitable number and skill mix of staff available to provide care to residents. They were deployed on the roster in a manner that maximised the focus on delivery of care to residents. Protected time for routine cleaning duties was allocated for after residents had gone to day services. This ensured that while residents were in the centre staff were not distracted from provision of care. On the day of inspection two of the three staff on duty were relief staff, but all three staff were able to communicate a high level of familiarity with residents, their needs and their preferences.

Staff were observed to implement good care practices in their interactions with residents. However on the day of inspection the records made available to inspectors recorded some training as out of date. Therefore some refresher training was required to ensure ongoing delivery of care in accordance with best practice.

A range of routine audits of the service were undertaken by the management of the centre. These included quality and safety audits, medication audits and reviews of accidents and incidents. Additionally the registered provider is required by regulation to conduct an unannounced inspection at least once every six months. While such reports were available within the centre the most recent one was dated in May 2018. Similarly the provider is required by regulation to undertake an annual review of the quality and safety of care and support delivered to residents within the centre. Inspectors were informed by management that these were yet to be completed for 2018.

Inspectors reviewed residents files and accident and incident logs to ensure that incidents occurring within the centre were being notified to the office of the chief inspector. On this occasion it was found that no such incidents had occurred.

The complaints log, policy and processes were also reviewed. The policy available within the centre on the day of inspection was scheduled for review in October 2015. That said good complaint handling practices were recorded. Complaints while few, were recorded as appropriately resolved in a manner that was meaningful for residents. An example of this was where management supported a resident to obtain an ATM card so that they might access their finances and promote their independence.

Overall, while good care and practice was observed, the provider was required to strengthen their assurance procedures to ensure that good practices are maintained within the centre on an ongoing basis.

Registration Regulation 7: Changes to information supplied for registration purposes

The Registered Provider did not notify the chief inspector within 10 days of a change

to the person appointed as Person in Charge of the designated centre, as required by regulation.

Judgment: Substantially compliant

Regulation 14: Persons in charge

On the day of inspection a suitably qualified and experienced person had been appointed person in charge. They were employed on a full-time basis within this designated centre.

Judgment: Compliant

Regulation 15: Staffing

Rosters indicated that a suitable number and skill mix of staff were employed within the centre. Additionally rosters indicated that staff were deployed in a manner that best met the residents' needs. Nursing care was available when required, with on-call nursing available at all other times. A relief panel was available to supply additional staff, as required. Relief staff met were familiar with the residents and their needs.

Staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training including fire safety, managing behaviours, safeguarding, first aid, medicines administration and people handling. However records indicated that there were some gaps in training and that some refresher training was required.

As staff files were not reviewed on this occasion, and no line management were on duty, formal and informal staff supervision, appraisal and development was not reviewed on this occasion.

Judgment: Not compliant

Regulation 23: Governance and management

The centre was resourced to ensure effective delivery of care. Staff were able to identify the person in charge, although the identity of this person was not notified to the office of the chief inspector within the required time-frame. There were clear lines of authority.

The provider's most recent unannounced visit report was dated in May 2018. Ordinarily these should be completed at least once every six months. No annual review of the quality and safety of care was available on the day of inspection. Management of the centre had undertaken a wide range of audits. Where necessary these resulted in actions plans, which were followed up on to ensure they were implemented.

Staff meetings were held regularly and staff were facilitated to raise concerns should any arise.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose available in the centre was not reflective of the management structure. In some instances it identified persons in management positions who had been replaced some months prior to the inspection. It was also not reflective of the current arrangements for full-time and time-share care provision.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Information reviewed on inspection indicated that notifications required by Regulation 31 were being submitted to the office of the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints procedure and practice was in place. Complaints recorded in

the complaints log had been resolved and actions implemented into the ordinary practice of the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

While practice relating to complaints was satisfactory the complaints policy available within the centre was due for review in October 2015.

Judgment: Substantially compliant

Quality and safety

Overall inspectors were assured of the quality and safety of care delivered within the centre. Residents were observed to be supported in a dignified manner and their levels of independence had been assessed to ensure that where a resident had capacity to act independently their skills in these areas would be promoted. While some refining of care plans might be beneficial good practices were observed and any safeguarding issues were addressed appropriately if and when they arose. The premises, while suitable, could benefit from additional storage and personalisation.

The designated centre was a modern-built house, with well apportioned rooms which were well heated and ventilated. These included a large kitchen-diner, a sitting room and four resident bedrooms, two of which were en suite. There was also a bathroom offering a choice of bathing or showering facilities. Suitable bathing equipment was available to meet the assessed physical needs of residents.

Resident bedrooms were spacious, clean and well decorated. However some additional personalisation was required in shared bedrooms. These bedrooms were occupied by different people on alternate weeks. They therefore had two sets of wardrobes and dressers, each of which had a large number of labels attached. As such these reduced the personal aspect of the rooms by emphasising their shared nature. This was discussed with a staff member, who immediately began implementing a more discrete process. In addition to this improvement additional storage was required within the centre. A large number of boxed items were stored on top of wardrobes, and there was limited space to store hoists and shower chairs. One of the wardrobes also required repair or replacement.

The staff bedroom was located at the other side of the kitchen and waking night staff were on duty when required. Additionally an audio monitor was located in the hallway so that staff would be able to hear residents at night, without being

intrusive in their bedrooms.

Residents were able to avail of supports at night to include bed-rails, bed-bumpers and mats alongside of their beds. Service records indicated that equipment such as residents' hoists, beds and scales had been serviced. However these records also indicated that the slings were overdue servicing. This is essential to ensure the ongoing safe transfer of residents. The boiler had been serviced in September 2018.

Daily, weekly and monthly fire safety routines were implemented. Fire drills were undertaken on a quarterly basis at day and night staffing levels to ensure the safe and efficient evacuation of all residents in the case of an emergency. All residents had a personal emergency evacuation plan in place and how these were implemented was reviewed each week as residents changed. Routine servicing of the fire detection and alarms system and emergency lighting was up to date. Servicing of the fire safety equipment was due in the weeks prior to the inspection, and inspectors were verbally assured that this was planned for the short-term following inspection.

Residents had access to a choice of wholesome and nutritious food. Meals for each day were chosen by residents at a weekly house meeting and where residents may opt for a different choice from their peers this was facilitated. These choices were made by way of picture exchange communication. Good labeling practice was implemented when storing cooked foods in the refrigerator.

Residents' personal plans were reviewed annually, with the participation of residents, their families, key workers and management. Care plans were detailed and covered a range of elements of care. These however could benefit from some refining; for example a current 'as required medicines' protocol was on file, along side the protocol it replaced. This might cause confusion should staff be required to implement the protocol. Additionally swallow plans were available to guide practice. These were however dated from 2011 and 2014. As such it was not readily apparent that these were current care plans. Review of resident files demonstrated that residents have had recent access to speech and language therapy and these plans were unchanged.

Access to medical and allied health professionals was supported for residents when appointments coincided with their stays in the centre. Health professions accessible to residents included psychology, social work, occupational therapy, psychiatry, physiotherapy, dietetics, speech and language therapy and dentistry, as well as access to a general practitioner of choice. Multidisciplinary reviews were evident and timely. Medical based care plans were developed in line with needs, such as supporting residents with pain management, bowel management and deep vein thrombosis. Efforts were made to implement care plans such that they became the ordinary daily routine, such as daily protected time for physiotherapy exercises. This in turn enhanced the quality of life for the resident involved.

Inspectors were assured that the provider was implementing appropriate processes in relation to safeguarding of residents. While some refresher training was required according to training records reviewed on the day, staff were able to detail how

to describe what might be a safeguarding issue and how to respond appropriately. Staff were also able to identify who the safeguarding officer was. The registered provider was aware of their obligations in relation to any safeguarding concerns that arise.

Overall inspectors found that residents rights were upheld. Staff were knowledgeable of each residents' individual communication preferences and promoted choice for residents. Inspectors observed that interactions with residents were focused on the residents' individual needs, routines and expectations.

Regulation 12: Personal possessions

Residents had access to and control over their possessions. Laundry facilities were available and residents were aided with their laundry.

Some of the rooms were occupied on a time-share basis. In these rooms there were two sets of wardrobes for storage of respective residents items. To facilitate this a number of labels were in use on the outside of furniture. This was discussed with staff so as to increase the personalisation of these rooms. Staff responded to this during the inspection with positive impact.

Staff supported residents to open their own bank accounts, where needed. These were individual and in the residents' own name. Procedures were in place to safeguard resident finances.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out in a manner that met resident's needs. The house was warm and well ventilated. Residents had a choice of bathing or showering. However storage facilities were limited with several chairs being stored in the bathroom, files stored in an unsecured room and boxes on top of wardrobes. Additionally, while the house was well decorated shared bedrooms could benefit from additional personalisation.

While the house was accessible one bedroom occupied by a resident using a wheelchair had a door saddle. Staff advised inspectors that a replacement door-strip was on order so as to provide ease of access. Additionally one of the wardrobes required repair/replacement.

Records demonstrated that equipment servicing, such as that of hoists, beds and

boiler were up to date. However these records also recorded that service of slings was overdue.

The house was generally kept in good repair and was clean throughout.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to meals of choice. Food seen and menus reviewed indicated that meals were wholesome, nutritious and varied. Suitable food storage was in place.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable daily and weekly checks were taking place within the centre. Records demonstrated that the emergency lighting and fire alarm had been serviced in January 2019. Servicing of fire safety equipment was one month behind schedule and inspectors were verbally that this was booked for the days following inspection.

According to records within the centre some fire training required refresher training. Fire drills were being undertaken on a quarterly basis and these varied between day and night staffing levels.

Personal Emergency Evacuation Plans were available for each resident. Evacuation procedures were reviewed each time the configuration of residents changed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents. These detailed how staff can deliver personal care in order to meet the needs and preferences of residents. These plans were detailed and comprehensive. However in some cases these required refinement to ensure care plans remain pertinent; for example a medicines protocol was on file along with the one that it replaced. Additionally, while supporting documentation demonstrated recent access to speech and language therapy, the swallow care plans themselves were dated in 2011 and another from

2014. It was therefore not readily apparent that these were current.

Personal care plans were subject to annual review. Participation of residents and their families in these reviews was recorded.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner, a range of appropriate allied health professionals and nursing care as required. Residents have access to national screening programmes relevant to them.

Judgment: Compliant

Regulation 8: Protection

Staff were knowledgeable about safeguarding processes and were able to identify both their reporting obligations and the designated officer. While some refresher training in safeguarding was required this is considered under regulation 16.

A sample of residents' finances were reviewed and practices were found to meet the requirements of regulation.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was found to be operating in a manner that was respectful of residents' preferences, rights, privacy and dignity. Staff were knowledgeable of residents and their communication styles. Residents were consulted on an ongoing basis regarding decisions relating to their care and their daily activities. Information on advocacy was available within the centre. Improvements were required to ensure residents' personal information was appropriately and securely stored.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cairdeas Services Waterford East OSV-0005074

Inspection ID: MON-0026560

Date of inspection: 22/02/2019

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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Changes to information supplied for registration purposes: The registered provider will notify HIQA of any changes to information supplied for registration purposes as required by regulation	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff members requiring training and or refresher training have been scheduled for the next available courses	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC will insure that all internal audits are carried out in a timely manner • The annual review was completed on the 27th March 2019 • The PIC will ensure that unannounced visits are completed within the time frame required 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose will be amended to reflect the new management structure and to reflect the current arrangements.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider is currently reviewing the complaints policy</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The door saddles were replaced on 4th march 2019 • The files are now stored in a locked press • The personalization of the bedrooms is under way • A review of the storage of Commodes, shower chair and shower- tray in the bathroom to see what alternatives may be available. • The boxes have been removed from the wardrobes and appropriate storage units purchased 	

- The broken wardrobe will be repaired or replaced if a repair is not possible
- The PIC will ensure to obtain service records of, or arrange for the service of slings used by the individuals that attend on a part time basis.

Regulation 28: Fire precautions

Substantially Compliant

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

- Staff members requiring refresher fire training have been scheduled for the next available courses
- The fire safety equipment was serviced on 27th February 2019

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The PIC will review all individual care plans to ensure they contain the most pertinent up to date plans
- All duplicate/obsolete plans have been removed
- All swallow care plans are now clearly identified with the most recent review date

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The files are now stored in a locked press

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
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Substantially Compliant	Yellow	02/05/2019
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.	Not Compliant	Orange	02/06/2019
Regulation 17(4)	The registered provider shall ensure that such equipment and	Substantially Compliant	Yellow	30/04/2019

	facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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 purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/04/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2019
Regulation 23(1)(d)	The registered provider shall ensure that there	Substantially Compliant	Yellow	27/03/2019

	is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
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.	Not Compliant	Orange	01/03/2019
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	27/02/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in	Substantially Compliant	Yellow	02/06/2019

	fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/04/2019
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	30/06/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with	Substantially Compliant	Yellow	01/04/2019

	paragraph (1).			
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	05/03/2019