



## Office of the Chief Inspector

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

Name of designated centre:	Comeragh Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	21 March 2019
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0025605

## About the designated centre

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

Comeragh Residential Services Waterford City consists of two two-storey houses, one with an adjoining apartment, located in an urban area. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. It provides a residential service for up to ten adults of both genders with intellectual disabilities. Each resident has their own bedroom and other facilities in the centre include kitchens, dining/living rooms, sitting rooms, a games room and bathroom facilities. Staff support is provided by social care staff and care assistants.

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

Current registration end date:	24/06/2020
Number of residents on the date of inspection:	8

## 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
21 March 2019	09:00hrs to 18:30hrs	Conor Dennehy	Lead

## Views of people who use the service

The inspector met seven of the residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, the inspector spoke to two residents while the residents met were observed in their interactions with staff and in the residents' environment.

Residents spoken with indicated that they enjoyed living in the centre and were happy with the support they received from staff. One of these residents, who spoke in depth with the inspector, outlined the various activities which they enjoyed participating in such as going to the cinema, playing golf, bowling, shopping, meals out, attending mass and overnight trips away. Another resident spoke about looking forward to visiting their family and enjoying baking.

The inspector was also able to observe residents within the designated centre where they lived. It was seen that residents appeared comfortable in the centre and also in the presence of staff members on duty. It was noted that these staff members treated residents' respectfully while there seemed to be a warm and social atmosphere in both units which made up this centre on the day of inspection.

## Capacity and capability

Overall the inspector was satisfied that residents were appropriately supported whilst living in this designated. Since previous inspection, staffing arrangements had improved to the benefit of residents. However improvement was required in relation to the remit of the person in charge and the management systems used to review the quality and safety of care and support provided.

The two previous inspections of this centre, carried out in 2016, found that the staffing arrangements for the centre required improvements to ensure the needs of residents could be met. During the present inspection it was found that, overall, the staffing arrangements had improved. This was assisted by a reduction in resident numbers in one unit of the centre and increased staffing resources being provided in the other in response to specific resident needs. Such staffing arrangements had a beneficial outcome for residents. For example, some residents had increased opportunities for one-to-one interaction with staff while there was greater scope for external activities.

It was noted that some aspect of the staffing in the centre required further improvement. In one unit of the centre, the inspector identified five instances in 2019 where a specific staffing arrangement, which had been assessed by the provider as being required, had not been provided for. It was also evident, from reviewing rosters and talking to staff members that a consistency of staff was proving difficult to achieve. This was impacted by regular presence of staff

employed on a less than full-time basis by the provider and the use of staff from an external agency. A consistency of staff is important to ensure that professional relationships and a continuity of care are maintained.

However, staff members met by the inspector demonstrated a good knowledge of residents living in the centre and outlined the actions they would take to ensure the needs of residents were met. Staff members were observed to interact respectfully and warmly while providing appropriate care where necessary. Records reviewed indicated that staff were provided with training in a wide range of areas such as fire safety, medicines, first aid and safeguarding. Such training is important to ensure residents' needs can be met while also ensuring that staff have current knowledge of best practice when carrying out their roles. It was noted though that there was some gaps in key training while some staff were overdue refresher training in some areas.

Under the regulations, the provision of such training is the responsibility of the person in charge. While a suitable person in charge was in place, who met the requirements of the regulations in terms of experience and necessary qualifications, they were responsible for a total of four designated centres at the time of this inspection. As evident by some of the regulatory breaches found during this inspection, such as training actions, the inconsistent notification of restrictive practices in the centre and the maintenance of rosters in the centre, it was not demonstrated that this arrangement was ensuring effective administration of this centre.

Concerns about the remit of the person in charge have been highlighted during previous inspections of some of their other assigned designated centres and this was an issue which was known to the registered provider. It was noted though that this matter was not adequately reflected in the management systems which the provider had in place to oversee the running of the designated centre and the services provided to residents. Given that the remit of the person in charge was directly impacting on the compliance levels of this designated centre, along with other centres, this did not provide assurance that the management systems in place were capturing key issues.

Such management systems included unannounced visits carried out by the provider and annual reviews. These are requirements of the regulations and are important in reviewing the quality and safety of care and support that is provided to residents. These were noted to be carried out at the required time frames, provided for consultation with residents and included actions plans to respond to issues identified. The provider was also carrying out more specific audits in areas such medicines and health and safety on a regular basis in both units of the designated centre.

However, based on the findings of this inspection, it was not demonstrated that these were ensuring areas for improvement were either consistently identified or satisfactorily addressed once identified. For example, the maintenance of residents' individual personal plans had been regularly highlighted by such systems as requiring updating but these remained an area for improvement. In addition, it was

noted that a particular aspect of the premises in one unit, which was clearly identifiable, had not been addressed despite the operations of the management systems in place.

#### Regulation 14: Persons in charge

The person in charge was responsible for a total of four designated centres. Based on the findings of this inspection, it was not demonstrated that this arrangement was ensuring that the person in charge could effectively carry out their responsibilities on a consistent basis.

Judgment: Not compliant

#### Regulation 15: Staffing

The provision of staffing had improved since the previous inspection and was now more suited to residents' needs. It was noted though that a specific staffing arrangement, which had been assessed by the provider as being required, had not been consistently provided for. Maintaining a consistency of staff was also an area for improvement. Rosters were maintained in the centre but the names of some agency staff who actually worked in the centre were not recorded on these. Staff files were not reviewed during this inspection.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

While a wide range of training was provided for staff, records reviewed indicated that some staff were overdue refresher training in areas such as safeguarding, fire safety, medicines, de-escalation and intervention. Staff team meetings were taking place for the centre while arrangements were also in place for staff to receive supervision.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

The management systems in place were not reflecting some key issues that were known to the provider, nor ensuring that areas for improvement were consistently

identified or satisfactorily addressed once identified.
Judgment: Not compliant
<b>Regulation 3: Statement of purpose</b>
A statement of purpose was in place which had been recently updated and contained all of the required information such as the facilities to be provided, fire precautions and the arrangements for residents to attend religious services.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
During inspection it was noted that one admission to the designated centre since the previous HIQA inspection in November 2016 was not carried out in accordance with the centre's statement of purpose.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
It was noted that the notification of restrictive practices in the centre had not been done on a consistent basis. An appropriate Nil return notification had not been submitted for the latter half of 2018.
Judgment: Not compliant
<b>Quality and safety</b>
Residents' social care needs were being better provided for which was enhancing their overall quality of life. Good support was provided to staff in areas such as protecting their rights and promoting positive behaviour. Some improvement was required in relation to aspects of the premises provided, fire safety, training provided and the maintenance of residents' individual personal plans
The designated was comprised of two units located in a city. Both of these units



were seen to be presented in a homely environment and had been personalised to reflect the residents who were living there. While the units were generally well maintained, the inspector did observe some areas, particularly in the larger unit of the centre, which required some maintenance, such as cracks on walls and the exteriors of both units requiring repainting. In addition, the inspector observed two clear areas in a resident's bedroom which needed cleaning.

Both units of the centre were provided with fire safety systems including fire alarms, fire extinguisher and emergency lighting. These were being serviced at the required intervals by external contractors to ensure that they were in proper working. Internal staff checks were also taking place but, from records reviewed, some gaps were observed where such checks were not being carried out. It was seen that emergency exits were unobstructed throughout but it was observed that the emergency lighting in place for one of these exists was not working on the day of inspection.

Fire containment measures were present in one unit of the centre but their use required review to ensure they functioned as intended. It was seen though that the provider was taking other measures to ensure the safety of residents with regard to fire safety. For example, fire drills were regularly taking place, at varying times of the day, while the procedures for evacuating the centre were on display in both units.

In addition to such measures, records reviewed indicated that the majority of staff had undergone fire safety training. It was noted though that some staff had yet to receive this training and from reviewing rosters the inspector did observe some occasions when assigned staff, working in both units of the centre, had not completed fire safety training. Such training is important to ensure that staff have adequate knowledge in areas such as fire prevention and the use fire fighting equipment. Records also indicated that some staff had yet to undergo training in de-escalation and intervention while one staff member had yet to receive safeguarding training.

The provision of such training is important to ensure that staff members are equipped with the necessary skills and knowledge to support residents in meeting their needs. The needs of residents were set out in their individual personal plans which are important in identifying all health, personal and social care needs while also outlining the supports to be provided for such needs. A sample of such plans were reviewed by the inspector. It was noted that these plans contained clear guidance for staff on how to support residents in various areas such as healthcare, intimate personal care and how to promote positive behaviour amongst residents

Staff members met during the inspection demonstrated a good understanding of residents' personal plans which provided assurances about the supports provided to residents. It was also seen that such plans had been informed by relevant assessment, had been developed with the input of residents and were subject to multidisciplinary review. It was noted though that some parts of the plan had not been reviewed in over 12 months while for some identified goals, intended to meet residents' social care needs, reviews did not clearly indicate how such goals were

being progressed.

However, from speaking with staff and residents, it was clear that residents' social care needs were being adequately met at the time of this inspection. Residents spoke about some of the activities they enjoyed such as bowling, baking, family visits and meals out. Residents were supported to take holidays while special events such as birthdays were also marked. Meeting residents social care needs had been identified as an area for improvement at the previous HIQA inspection in November 2016. This area had been positively impacted by changes in the staffing arrangements since that inspection.

In addition to this, during the current inspection, residents were seen to be treated respectfully by staff members. Residents, in both units of the centre, appeared comfortable with staff members which contributed to warm, pleasant atmospheres. It was also seen that residents were consulted about the running of the designated centre through regular house meetings in both units of the centre. During such meetings residents were given information on matters such as activities, rights, food menus, safeguarding and fire safety.

Overall the inspector was that satisfied that, broadly, arrangements were in place to meet the needs of residents. It was seen though that one resident had a higher level of need than other residents. The provider had put in place additional supports for the resident which were having some beneficial outcomes for them. However, the provider had identified this resident as requiring a different environment, away from the current designated centre, given their changing needs.

### Regulation 17: Premises

Two areas in a resident's bedroom was observed to require cleaning. Some parts of both units that made up the designated centre required some maintenance, such as external painting. It was also seen that some couches in one unit of the centre were worn and in need of repair or replacement.

Judgment: Not compliant

### Regulation 28: Fire precautions

Fire containment measures required review. Not all staff had received fire safety training. Internal fire safety checks were not being carried out consistently. An emergency light in one unit of the centre was observed not to be working on the day of inspection.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which had been informed by assessments and developed with the input of residents and their families. Such plans were subject to multidisciplinary review but it was noted that some reviews did not adequately reflect how identified goals for residents were being progressed. The provision for residents' social care needs had improved since the previous HIQA inspection. While overall the inspector was satisfied that arrangements were in place to meet the needs of residents, it was acknowledged by the provider that one resident required a different environment, away from the current designated centre, given their changing needs.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to a range of allied health professionals such as general practitioners and podiatrists. Residents also underwent healthcare assessment on a regular basis. Arrangements were in place for the monitoring of residents' healthcare needs but it was noted that some monthly checks for one resident were not being consistently carried out.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Staff members spoken to demonstrated a good understanding of detailed behaviour support plans that were in place for residents where required. Such plans had been developed by relevant allied health professionals. Some staff had been provided with training in de-escalation and intervention but it was noted, from training records reviewed, that not all staff had undergone this training.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were observed to be comfortable in the presence of staff members on duty during this inspection. Training records reviewed indicated that the vast

majority of staff working in the centre had undergone relevant safeguarding training but one staff member had yet to receive this training. Staff practice in intimate personal care for residents was guided by relevant plans that were in place.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner by staff during this inspection. In each unit of the centre regular resident meetings were occurring where residents were provided with information in relation to the running of the designated centre and were consulted on the things that they wanted to do.

Judgment: Compliant

### Regulation 12: Personal possessions

Lists of residents' personal property were maintained but it was observed that some of these lists were incomplete and had not been updated to reflect new personal property which residents had taken possession of.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

An emergency plan was in place for the designated centre. Systems were in place for the review of risk in the centre but it was noted that some recently updated risk assessments did not reflect the level of risk that referenced in other documents or was described by staff members. A system for recording accidents and incidents was in place but no clear record of one particular event, which was discussed by staff members, was not provided for the inspector to review.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant

# Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0025605

Date of inspection: 21/03/2019

## 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.

***"This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations."***

## **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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: It is the Services intention to reduce the remit of the current PIC however we are curtailed due to lack of resources. We will however continue to review our staffing in the relevant service area with a view to reducing the remit of the current person in charge through reconfiguration of existing resources	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All staff who work in the designated centre will be recorded on the staff roster, including the names of agency staff employed to provide cover in absence of regular staff	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The one staff member who required safeguarding training completed this training on March 29th 2019 Staff requiring training in fire safety will be booked for this training on June 6th 2019 Staff requiring training on de-escalation techniques will be booked on to the next	

available training in September 2019	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The designated centre will be subjected to six monthly unannounced visits and subsequent action plans developed to implement identified improvements</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Statement of Purpose will be amended to reflect the supports currently provided in the designated centre</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Quarterly returns will accurately reflect the restrictive practices occurring in the designated centre.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The condensation problem in one bedroom has been addressed and this bedroom will be repainted</p> <p>The exterior of one premises in the designated centre will be repainted</p> <p>Two couches will be replaced</p>	



Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Staff requiring training in fire safety will be booked for this training on June 6th 2019  The bulb in Emergency lighting will be replaced  The senior staff on duty will complete the daily fire checks and record same</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  Staff will review the goals of residents; update and document progress on a six monthly basis  One resident will be moving to a high support house that can meet his assessed needs when a vacancy arises.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  One resident will have monthly health monitoring recorded.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  Staff requiring training on de-escalation techniques will be booked on to the next available training in September 2019</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The one staff member who required safeguarding training completed this training on March 29th 2019</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Asset Registers of Individuals will be updated to reflect all recently purchased personal possessions</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments will reflect the identified risks and scoring as defined in support plans  All incidents occurring in the designated centre will be documented in the relevant format and reviewed at the Multi-Disciplinary Meeting</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/05/2019
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/07/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed	Substantially Compliant	Yellow	30/05/2019

	needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/05/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/05/2019
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.	Substantially Compliant	Yellow	30/09/2019
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.	Substantially Compliant	Yellow	15/06/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	15/06/2019
Regulation 23(1)(c)	The registered provider shall ensure	Not Compliant	Orange	30/06/2019

	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.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2019
Regulation 28(4)(a)	The registered provider shall make	Not Compliant	Orange	30/06/2019

	arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/04/2019
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Substantially Compliant	Yellow	31/07/2019
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	31/12/2019

	paragraph (1).			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2019
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	30/06/2019