



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	26 February 2020
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0023027

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of 10 adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The centre comprises of two houses. They are located a short distance apart. Ordinarily, two residents live in one of the houses and six residents live in the second house. Residents attend off-site day services Monday to Friday. Transport to and from this day services is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. Both premises are two storey houses. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The larger house has a ground floor apartment adjacent to the main house and two residents occupy this apartment. Both houses are located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Other than when residents are at day services, there is at least one staff on duty in each house, at all times. At night there is a sleep over staff in each house. Additional staff support hours are provided as the need arises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 February 2020	09:20hrs to 18:45hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

The inspector met with six of the eight residents. One resident was in hospital at the time of inspection and familiar staff were staying with the resident in the hospital. Another resident had a medical appointment on the day of inspection and the inspector did not meet with this person. Residents were happy to engage with the inspector and showed them craft work they created and which was on display in their home. One resident spoke about a recent bereavement and how staff supported them at this difficult time.

Some residents communicated in a non-verbal way. Staff, familiar to the residents, provided care and support and were in tune with residents moods, mannerisms and other non-verbal communications. The inspector observed a relaxed and comfortable relationship between the residents and staff. One resident told the inspector how they enjoy baking with staff, especially at the weekends when the day service is closed.

The residents interacted with the inspector in a manner that indicated they were happy to have a visitor. When the residents were leaving the house on the morning of inspection, they were looking forward to the day's activities. For example, one resident spoke about going to their favourite coffee shop, another was going to their craft centre and another happy to get out and about for a drive and enjoying cake and morning coffee in the company of staff. One resident had a job helping in the canteen in one of the day services. The resident spoke about what that entailed. Each resident knew their plan for the day.

Later in the day the inspector met residents on their return from their trip to the coffee shop and met others at their day service. In the day service, residents were happy to sit and chat and invited the inspector for a cup of tea. Residents also showed the inspector around their day service and showed the inspector the work they were involved in. Residents spoke about liking where they lived and getting on "really well with staff". One resident expressed a wish to have more one to one time with staff as this is time the resident very much enjoyed. Staff were aware of this and in so far as practical this was facilitated. However, as discussed below under staffing, the opportunities for this was limited. Overall, the expressed feelings of residents was that they were "happy" living in their current home and "do not want to move".

The inspector was satisfied that all six residents whom she met felt safe in their homes, safe in their day service and comfortable in the company of staff.

Capacity and capability

Overall, the registered provider had ensured that the residents who lived in these two houses were safe and enjoyed a good quality of life. This was reflected in good levels of compliance across the majority of the regulations reviewed. However, the governance and management arrangements in the centre were not adequately resourced. For example, the person in charge was responsible for the day to day operations of this centre and the day to day operations of another designated registered centre, which catered for seven residents with high support needs. In addition, the person in charge was participating in the management of another four houses, two separate day services and three independent living facilities. The inspector was informed that the number of staff reporting to the person in charge was in the region of 100 people. While the person in charge was an experienced and suitably qualified person, her remit was too great to ensure effective governance, operational management and administration of this designated centre.

Notwithstanding that the person in charge was at all times available to support staff and was familiar with the individual needs of residents, her capacity to be present in the centre was limited. The arrangements found on this inspection implied she was always or almost always on call. As far as the inspector could establish it was not unusual for the person in charge to work on her days off; for example securing replacement staff or organising other administrative duties. This level of commitment was commendable but not sustainable. Such a management structure did not reassure the inspector that the service was effectively monitored.

There was a blurring of lines around the reporting structure. For example, the organisational chart indicated the person in charge reported to the services manager, who in turn reported to the regional manager. However, in this instance, the person in charge reported directly to the regional manager, as opposed to a services manager. The person in charge was the services manager for other registered centres and in such instances the person in charge of those centres reported to her. It was difficult to find clarity around the separation of roles. Despite this lack of effective and adequately resourced governance arrangements, the actual care to residents was prioritised and was good. However, matters such as staff supervision did not always occur as frequently as they should and things such as staffing review and the emerging situation of lone working in one of the houses, had not received adequate focus.

The provider had prepared a statement of purpose, which included the requirements of Schedule 1 of the regulations, albeit that the organisational chart did not reflect the actual practice in the centre. It met the stated aims and objectives which was to provide a community based person centred service where individuals could reach their full potential in an environment where the culture was love, respect and creativity for all. An easy to read version of the document, set out in pictorial format, was available to residents.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. However, in the days

preceding the inspection both the night time and evening time staffing arrangements had changed. This was due to a resident being in hospital and staff needing to spend time with this resident who was receiving one to one care, both in their home and now whilst in hospital. The indications were that the changes to the staffing in the larger house , i.e the reduction from two staff to one staff would not be temporary. Inadequate assessment had been carried out with regards to the impact of this on residents and how the remaining residents' needs could adequately be met. For example, evening time activities and the need for some residents for one to one staffing or "talk time" were inevitably going to be compromised. The inspector was not satisfied that the developing staffing arrangements facilitated an individualised service and adequately facilitated residents to engage in a wide and diverse array of interests and activities.

Staff had received training in all mandatory areas. For example, training in fire safety and safeguarding, as well as additional training specific to residents' support needs, such as first aid, sign language and medication management.

The registered provider had undertaken an annual review of the quality and safety of the service, which consulted with residents and their representatives. The most recent annual review was carried out on 25 February 2020, shortly before this inspection. The provider also carried out six monthly unannounced inspections of the centre and made recommendations for improvement. Regular audits were conducted and included medication management audits and risk assessments audits.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's registration.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre. This person was in charge of more than one centre, and had significant duties outside of her person in charge roles. The inspector was not satisfied that she could ensure the effective governance, operational management and administration of the designated centres.

Judgment: Not compliant

Regulation 15: Staffing

The number of staff was not sufficient to meet the assessed needs of residents. This was particularly evident in one house and at evening time.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff supervision was not always completed, primarily due to the workload of the person in charge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place and met with the requirements of the regulations

Judgment: Compliant

Regulation 22: Insurance

Evidence of insurance cover was submitted as part of the renewal of registration application.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector was not satisfied that the centre was adequately resourced to ensure effective and good oversight systems were in place. The person in charge had a remit which did not give reassurance of her availability to be adequately

involved in the day to day operational management of the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose, which included the requirements of Schedule 1 of the regulations, albeit that the organisational chart did not reflect the actual practice in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirements around informing the chief inspector in writing of adverse incidents occurring in the designated centre. The person in charge ensured that a written report was provided to the chief inspector at the end of each quarter of each calendar year in relation to the use of restrictive practices, any incidents of theft or any injury to a resident.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents' quality of life and overall safety was prioritised and managed in a person-centred manner. Residents' social care needs were supported and overall these needs were met. Residents went on holidays, an activity they very much enjoyed. Maintaining the residents' connection to their family of origin was particularly important and in so far as possible, residents spent time in the company of their respective families. Residents were seen to be active participants in running their own home. This included choosing the décor, deciding what provisions were needed and assisting with household activities.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents attended day services. Residents visited local places of interest, local coffee shops, went bowling, swimming and to the cinema. Residents also went to zumba classes, yoga, drumming and karaoke. Residents appeared to enjoy the variety of activities and staff confirmed this to the inspector. One resident enjoyed knitting and her knitted

crafts along with clay based crafts that another resident made, were sold at local craft fairs. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community. A further example of community integration was the framed letter in one house signed by local dignitaries, commending a resident on their success in special Olympics. Residents had been participants in interview panels during the recruitment of front line staff.

Residents appeared confident in the company of staff and were welcoming of the inspector to their home. Residents were encouraged to understand, in so far as possible, their own health care needs. This was assisted by the availability of a nurse in the day services who facilitated medical appointments and follow up appointments. The health care needs of residents were given good attention. Medical attention was sought promptly as required and staff remained with the resident when or if they needed to be admitted to hospital. In the surveys undertaken, families were complementary of the management of their relatives health care needs and one described it as "outstanding care" and being "very impressed" with the manner in which care was provided. Families also appreciated being kept informed and the positive impact of the nursing support provided. Residents had access to pertinent allied health services such as physiotherapy, speech and language therapy and dietetic support through community care services. Residents choose their own general practitioner (GP) and attended the GP's surgery when or as necessary. Health promotion was incorporated into the daily lives of residents. For example, routine health checks were conducted (with the consent of the resident), healthy eating was promoted and in so far as practicable, exercise was incorporated into daily routines.

Residents had regular multidisciplinary reviews according to their needs and also annual support meetings attended by them and/or their representatives. These meetings informed plans and goals for the year ahead. Goals set by residents and staff were meaningful and encompassed the centre core targets of best health, access to the community and contact with friends and family.

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Residents had access to a telephone, including personal mobile phones. Staff were aware of the particular and individual communication supports that each resident required. Visual aids and communication passports were used to aid communication. Informal one to one talk time was an important aspect for most residents to maintain mental wellbeing. The importance of this was documented in the psychology notes and the plans of care arising from these notes.

There was evidence that staff supported residents to manage and understand their own challenges. Having a regular cohort of staff was an important feature of managing such challenges. Positive behaviour support plans were in place. These were prepared in conjunction with the organisation's psychology team.

There were systems in place to protect residents from abuse. Information was available to assist residents in understanding the process for accessing help and

who to contact if at any time they had concerns about the way they were being treated. As not all residents had reading skills, a photograph of the designated contact person formed an important part of this information.

Risk management systems were in place and the risk register viewed by the inspector was specific to the residents. However, the risk of a changing staffing arrangement in the larger house had not been adequately assessed. In particular, the level of risk had not been assessed around the capacity of a lone worker to provide for the assessed needs of five residents, some of whom required one to one talk time, close supervision at meal times and continuation of their preferred evening activities.

In general good infection control and hand washing facilities were available. However, there was no soap in one of the toilet areas.

There were fire safety management systems in place, and staff had been appropriately trained in fire safety. There were adequate arrangements in place for the detection, containment and extinguishing of fires, and equipment was regularly serviced. Residents took part in fire drills at scheduled intervals and there were personal evacuation plans in place for each resident. Matters in relation to emergency lighting had been addressed since the previous inspection.

Residents were protected by appropriate procedures in relation to the ordering, receipt, storage and disposal of medicines. Staff had received training in the safe administration of medication training and were supported with practical administration prior to administering residents' medicines.

Regulation 10: Communication

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Staff were aware of the particular and individual communication supports that each resident required. Informal one to one talk time was an important aspect for most residents to maintain mental wellbeing. The importance of this was documented in the psychology notes and the plans of care arising from these notes.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. Residents were free to receive visitors without restriction and suitable communal and private facilities were available.

Judgment: Compliant

Regulation 12: Personal possessions

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Residents were supported to manage their own laundry. Where necessary, residents were provided with support to manage their financial affairs. A policy was in place around the management of personal assets. Each resident had a register of assets. Residents were facilitated to bring their own furniture and furnishings and have the room decorated according to their individual taste.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. One resident enjoyed knitting and her knitted crafts along with clay based crafts that another resident made, were sold at local craft fairs. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community. A further example of community integration was the framed letter in one house signed by local dignitaries, commending a resident on their success in special Olympics.

Judgment: Compliant

Regulation 17: Premises

Much work had been undertaken since the previous inspection to upgrade the premises. on this inspection the premises were well maintained, attractively decorated and met the needs of residents who lived in these two houses.

Judgment: Compliant

Regulation 20: Information for residents

Residents were communicated in formal and informal ways. There were regular

house meetings, a communication passport was in place for each resident and a resident's guide was available.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk of a changing staffing arrangement in the larger house had not been adequately assessed. In particular, the level of risk had not been assessed around the capacity of a lone worker to provide for the assessed needs of five residents, some of whom required one to one talk time, close supervision at meal times and continuation of their preferred evening activities.

Judgment: Not compliant

Regulation 27: Protection against infection

In general, good infection control and hand washing facilities were available. However, there was no soap in one of the toilet areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire precautions were in place. Matters in relation to emergency lighting had been addressed since the previous inspection. Also addressed was the matter of all staff receiving appropriate fire awareness and safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment, by appropriate health care professionals, had been undertaken of the health, personal and social care needs of each resident.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were given good attention. Medical attention was sought promptly as required and staff remained with the resident when or if they needed to be admitted to hospital. There was a good and positive focus on health promotion, including exercise, ensuring residents had the best health outcomes possible. Families were particularly complimentary of the management of their relatives health care needs and one described it as "outstanding care" and being "very impressed" with the care provided. Families also appreciated being kept informed and the input of nursing support.

Judgment: Compliant

Regulation 7: Positive behavioural support

To date every effort was made to alleviate causes of challenging behaviour. This was an area that needed to be closely monitored as changes to staffing arrangements were in the process of taking place and residents assessments indicated staff changes were a likely trigger to increase residents' anxieties.

Judgment: Compliant

Regulation 8: Protection

As residents did not read, a photograph of the designated contact person formed an important part of the information provided around who to talk to if the resident had a concern. Staff had received training in understanding safeguarding issues and the management of any safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector about the respect they received from staff. The inspector also noted the choices and promotion of independence of residents that was nurtured within the centre. Religious beliefs were supported and

residents engaged in the political system by exercising their right to vote. Within their respective houses residents had locking systems for their bedroom door to maintain their privacy.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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 Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0023027

Date of inspection: 26/02/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Services Manager and Senior Management Team will actively review the resources of the current PIC and work together with the aim of appointing a new and appropriately qualified person in charge of this designated centre.</p> <p>Regionally, the on call system currently in place is under review with the Waterford Management Team</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>An assessment of needs taking into account the supervision requirements of each person supported in one of the residence in the designated center will be conducted.</p> <p>Following the above individual assessments, staffing arrangements will be reviewed to see how we can best meet those needs particularly in the evenings and at weekends.</p>	
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: The Person in Charge will ensure that staff support meetings will be conducted on an annual basis</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Services Manager and Senior Management Team will actively review the resources of the current PIC and work together with the aim of appointing a new and appropriately qualified person in charge of this designated centre to ensure more effective governance and management.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose will be amended to reflect the current structure</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: An assessment of needs taking into account the supervision requirements of each person supported in one of the residence in the designated center will be conducted which will include assessing the risk for people supported as a result of a reduction in staffing to the accepted staffing levels provided in a low support setting</p> <p>Following the above individual assessments, staffing arrangements will be reviewed to see how we can best meet those needs particularly in the evenings and at weekends.</p>	

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Staff in the designated center will check on a daily basis that soap is present in all bathrooms and toilets	

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 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	31/08/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Yellow	31/08/2020
Regulation	The person in	Substantially	Yellow	31/12/2020

16(1)(b)	charge shall ensure that staff are appropriately supervised.	Compliant		
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management	Not Compliant	Orange	31/08/2020

	policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2020