



Office of the Chief Inspector

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

Name of designated centre:	Tory Residential Services Tramore
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	17 July 2019
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0022609

About the designated centre

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

Tory Residential Services Tramore consists of a two detached bungalows, located in the environs of an urban area. The centre provides residential care for a maximum of nine residents with intellectual disability. The centre is open overnight 365 days of the year and is also open on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, bathrooms and garden areas. Staff support is provided by a social care leaders and social care workers with support available from a services manager and a residential team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
17 July 2019	09:35hrs to 19:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This designated centre was made up of two units and provided a home for nine residents. The inspector met five of the residents who lived in the centre at the time of this inspection. These residents were also observed in their interactions with staff members, while pre-inspection questionnaires which had been completed for all nine residents were also read.

When visiting the unit which provided a home for four residents, three of these residents were out attending day services or on outings. One resident was met though who told the inspector that the house where they lived was nice and that they liked their bedroom. This resident spoke positively of staff and said that staff helped them to attend medical appointments. While speaking with the inspector, this resident also talked about some of things they did such as going for walks and doing some gardening. This resident was overheard to engage in pleasant conversation with staff members present and was later seen to leave the unit to attend a medical appointment in the company of a staff member.

The other unit of this designated centre provided a home for five residents, four of whom were met by the inspector. The remaining resident was not present while the inspector visited this unit. In this unit the first resident the inspector spoke with said that they liked living in this unit, liked their bedroom, enjoyed the food provided and felt safe. This resident also talked positively of the support offered by staff and said that they got on with the other residents. Some activities which the resident was involved in were discussed such as participation in an active retirement group. The resident also spoke about an upcoming birthday, for which they were going to have a party, and a special recognition award they had received from provider.

The second resident spoken with talked about their involvement in a local park run, money they had raised the previous year through a charity walk and work that they did in a charity shop. This resident also had an upcoming birthday and spoke about organising a party for this. Weekly resident meetings were held in this unit, as confirmed by the resident who said that during such meetings residents got to select the food they had in the centre. The resident told the inspector that they really liked living in the designated centre, felt safe, got on with their peers and that the staff members working there were good to them.

A third resident met by the inspector in this unit indicated that they were happy living in the centre, felt safe and would go to staff members if they had any problems. This resident also spoke about some the activities which they participated in such as gardening, darts and basketball. When showing the inspector their bedroom this resident was able to point towards many medals and trophies which they had won for sporting activities. A fourth resident was briefly met but the inspector did not have a meaningful opportunity to engage with this resident while present in this unit.

Throughout the time spent in this unit, residents were seen to interact positively and warmly with staff members present. There appeared to be a close relationship between residents and staff members with some residents seen to engage in a good natured and jovial manner with the staff who supported them. It was also noted that one resident asked to speak privately to the person in charge and this was facilitated. It was also seen that residents' privacy was respected and residents had their own keys for their bedrooms.

As this was an announced inspection, prior to inspection HIQA issued to provider questionnaires for residents to complete. These questionnaires asked various questions relating to residents' views on the service they received while living in this designated centre. All nine residents completed these, with the assistance of staff members. The inspector reviewed these and noted that they contained positive views regarding all aspects queried such as residents' bedrooms, the food provided, visitors, staff support, complaints, and rights. Some questionnaires also indicated various activities residents were involved in such as bowling, drumming, going to restaurants and playing pool. One resident did indicate in their questionnaire that they would like a bigger bedroom.

Capacity and capability

Overall, the provider had maintained structures that supported residents and facilitated them to enjoy a good quality of life. It was noted though that, a specific area for improvement relating to fire containment had not been fully addressed by the provider having first been identified over three years previously.

This designated centre had last been inspected in October 2018 and the current inspection was the fourth inspection of this centre overall. Generally throughout the inspections of this designated centre, including the current inspection, good levels of compliance were found with evidence seen that residents were well supported. It was noted though that each inspection had highlighted that improvement was required in relation to the provision of fire containment measures in the centre. Since the designated centre's first inspection, in March 2016, it was seen that the provider had installed some fire containment measures but during the current inspection it was found that this remained an area for improvement and had not progressed since the October 2018 inspection.

It was observed though that some actions arising from the previous inspection had been satisfactorily addressed. For example, the arrangements for the supervision of staff had improved while the directory of residents had been updated to include all residents living in the centre at the time of this inspection. In addition, the provider ensured that the designated centre's statement of purpose had been amended to accurately reflect the capacity of the centre. The statement of purpose is an important governance document which is required by the regulations, should set out the service that is to be provided to residents and forms the basis for a condition of

registration for designated centres. The inspector was satisfied that the statement of purpose in place reflected the day-to-day operations of the centre and contained all of the required information.

To ensure that the designated centre was operated in accordance with its statement of purpose, the provider had ensured that regular audits, in areas such as medicines and health and safety, were carried out to assess, evaluate and improve the service provided to residents. The provider was also carrying out regulatory requirements such as provider unannounced visits every six months and annual reviews. These are important to review the quality and safety of care and support that it is provided to residents. While these did review such areas it was noted that some action plans, which resulted from the provider's unannounced visits, needed to outline all identified areas for improvement and also to clearly assign responsibility for specific actions. In addition, the most recent annual review did not include the outcome of consultation with residents and their families even though the provider consulted with these groups in various ways.

The provider had ensured that an appropriate person in charge had been appointed to oversee the day-to-day running of this designated centre. The person in charge was responsible for total of three designated centres which was made up of five different houses and a maximum of 18 service users. However, based on the overall findings of this inspection it was found that this arrangement was not negatively impacting the running of the current designated centre. Staff members and residents spoken with indicated that the person in charge visited both units of the centre. In addition, it was clear that residents were aware of who the person in charge was, who in turn demonstrated a good knowledge of the residents living in this centre. The person in charge was supported in their role by the organisational structure that was in place along with the staff team.

A good knowledge of residents was demonstrated by staff members spoken with, who showed a strong commitment to improving the lives of residents. It was observed that staff members present interacted with residents in a pleasant, warm and sometimes jovial manner. Staff files were maintained for all staff members working in the centre which are important to show that good recruitment practices have been followed. The inspector reviewed a sample of these and found that they contained the majority of the information required such as two written references and evidence of Garda Síochána (police) vetting. It was noted though that one staff file did not include a full employment history. Overall, adequate staffing arrangements were in place to support residents which included a continuity of staff. It was noted though that the staffing arrangements, in one unit of the centre, were challenged at certain times following an incident in that unit.

Registration Regulation 7: Changes to information supplied for registration purposes

HIQA had not been formally notified in a timely manner that a previous person participating in management was no longer involved in the management of this

designated centre.
Judgment: Not compliant
Regulation 14: Persons in charge
A suitable person in charge was in place for this designated centre. While the person in charge was responsible for a total of three designated centres, based on the overall findings of this inspection, this arrangement was not impacting negatively on the running of the current centre.
Judgment: Compliant
Regulation 15: Staffing
A sample of staff files, most of which contained all of the required information such as evidence of Garda vetting, two written references and photographic identification. It was noted though that one staff file did not contain a full employment history. Planned and actual rosters were maintained for the centre which indicated that a continuity of staff was provided for. While overall there was good staffing arrangements in place, it was seen that the staffing arrangements in place in one unit were challenged by recent events.
Judgment: Substantially compliant
Regulation 16: Training and staff development
From speaking to staff members and reviewing staff files it was noted that formal supervision had been provided to staff members during 2019. Training was provided to staff in a range of areas such as medicines, manual handling, fire safety, safeguarding and first aid but it was seen that some staff were overdue refresher training in some areas.
Judgment: Substantially compliant
Regulation 19: Directory of residents
A directory of residents was in place which included all of the residents living in the

designated centre at the time of this inspection along with the other information required by the regulations such as residents' dates of admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were provided for.

Judgment: Compliant

Regulation 23: Governance and management

The provider was carrying out six monthly provider unannounced visits which were reflected in written reports with action plans to respond to issues identified. It was noted though that some of the action plans required improvement in order to clearly set out responsibility for responding to issues identified. Annual reviews were also being carried out but these did not reflect the outcome of consultation with residents and their families. While the provider had a clear structure in place and systems to monitor the service provided, it was seen that issues relating to the installation of fire doors had not been fully addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A recently reviewed statement of purpose was in place which included all of the required details such as the information set out in the designated centre's certificate of registration, the staffing compliment and the facilities to be provided to residents.

Judgment: Compliant

Regulation 30: Volunteers

It was noted that any volunteers who had been involved with the designated centre previously had evidence of Garda vetting in place.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to raise complaints were on display in both units while complaints was discussed with residents during regular resident meetings. Arrangements were in place for a log of any complaints raised to be recorded.

Judgment: Compliant

Quality and safety

Residents were facilitated to enjoy a good quality of life while being supported to engage in various activities and to form part of the local community. It was seen though that some residents' control over their daily lives was impacted at certain times while fire containment remained an area for improvement.

Evidence was seen that practices were in place that operated to protect residents from safeguarding concerns. For example, all staff working in the centre were provided with relevant training to ensure that they knew how to identify and respond to any potential or actual safeguarding concerns. Staff members spoken with demonstrated a good awareness of what to do in the event of a safeguarding matter arising. Residents indicated to the inspector that they felt safe in the designated centre. It was also seen that, in response to a recent safeguarding matter in one unit of the centre, the provider had taken steps to protect residents. However, in doing so, some residents were asked to remain in their bedrooms at certain times. While these residents did agree to such requests, this arrangement reduced the control which they had over their daily lives.

Aside from this issue it was seen that residents were treated in a manner which respected their rights. For example, in one unit it was seen that residents' privacy was respected with residents having their own keys for their bedrooms. Residents were also consulted in relation to the running of the designated centre by resident meetings which took place on a weekly basis in both units of the centre. One resident spoken with indicated that during such meetings that residents were given information and were able to make choices around various issues such as the food they had for the week ahead. Evidence was also seen that any changes which impacted on individual residents were discussed with them. Staff members were observed to interact with residents in a respectful manner throughout the inspection and it was seen that all pre-inspection resident questionnaires contained positive views with regard to residents' rights.

Residents were encouraged and supported to engage in a wide range of activities. From speaking to residents in this designated centre and reading questionnaires it was clear that residents were involved in a wide variety of activities such as gardening, darts, basketball, swimming, bowling, playing pool, bingo, massages, going on outings, drumming and eating out at restaurants. Such activities facilitated residents to integrate into the local community and it was noted that some residents attended local park runs. Relationships with families and friends were supported and it was noted that two residents talked about their upcoming birthday parties. It was also seen that some residents were encouraged to take their own medicines which boosted their independence.

Where required, residents were also supported with medicines and a sample of medicines documents reviewed indicated that appropriate medicines practices were being followed generally. Some minor improvements were identified in relation to some documentation though, such as, to ensure that the dates certain medicines were first used were clearly highlighted. The provider had also provided both units of the designated centre with presses where medicines could be securely stored. It was observed though that the location of the key for one of these presses required review to ensure that only those who handled medicines had access to their place of storage. Overall though the medicines practices in use supported residents in maintaining their health. In addition, it was seen that residents underwent annual health checks by a general practitioner while residents were also facilitated to attend medical appointments and undergo key health assessments.

Such matters helped to ensure that the needs of residents were being met while they lived in this designated centre. The provider had also ensured that residents were provided with premises that were designed and laid out to meet their needs. The designated centre was comprised of two units, both of which were detached bungalows. The inspector visited both units of the centre during the course of this inspection and noted that efforts had been made to present them in a homely manner. For example, both were well-decorated and well-furnished while plenty of photographs and residents' drawings on display. Each resident had their own bedroom and residents spoken with indicated a good level of satisfaction with their bedrooms and their homes overall. Communal areas were also provided including kitchen areas with appropriate facilities for food to be stored.

The premises provided was equipped with fire safety systems including emergency lighting, fire alarms and firefighting equipment. To ensure such systems were in proper working order, they were being serviced at regular intervals by external contractors. However, as seen on previous inspections, the premises provided did not have fire doors present throughout both units. These are important in containing the spread of fire and smoke and ensuring a safe evacuation route in the event that a fire takes place. It was seen though that the fire evacuation procedures were on display in both units of the centre while fire drills were being carried out regularly. All staff had also been provided with relevant fire safety training to ensure that they were aware of what to do in the event of a fire. One resident spoken with also demonstrated a good knowledge of how to respond if a fire happened while residents had recently reviewed personal evacuation plans in place which outlined

any supports they needed in the event of an evacuation.

Regulation 13: General welfare and development

Residents were supported to be involved in the local community and to maintain personal relationships. Residents were encouraged to participate in a range of activities such as charity work, bowling, meals out, gardening and basketball.

Judgment: Compliant

Regulation 17: Premises

Both units which made up this designated centre were presented in a clean, homely, well-furnished and well-maintained manner on the day of inspection. The design and layout of both units was suited to meet the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Appropriate facilities were in place in both units of the centre for food to be stored. Residents were given a choice in the food which they had.

Judgment: Compliant

Regulation 20: Information for residents

Residents were provided with a guide that outlined various information such as the arrangements for visits and details of how residents could be involved in the running of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. As part of this a risk register was maintained and where necessary specific risk management plans were in place in response to identified risks. Staff spoken with demonstrated a good knowledge of how to respond to such risks.

Judgment: Compliant

Regulation 28: Fire precautions

Fire doors, which are important in containing the spread of smoke and fire, were not present throughout both units of the designated centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported in the self-administration of medicines. A sample of medicine records reviewed included the majority of the required information such as medicines' names and routes of administration. Some areas for improvement were identified though, for example some discontinued medicines were not signed off while some labels did not indicate when particular medicines were opened. Storage facilities were in place but it was observed that the security of the key for the medicines press in one unit required review to ensure that only those who handled medicines had access to their place of storage.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Based on the overall findings of this inspection, arrangements were in place to meet the assessed needs of residents living in this centre. All residents had individual personal plans in place. The provider ensured that residents were involved in developing these and had systems in place to ensure that personal plans were regular reviewed with multidisciplinary input. Residents also had specific goals identified as part of the personal planning process in operation. Evidence was seen that residents were supported to progress such goals which were subject to review.

Judgment: Compliant

Regulation 6: Health care

Guidance on how to support residents with their health was contained within residents' personal plans. Residents were supported to attend medical appointments as required and also to undergo key health assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

This regulation was not reviewed in full during the current inspection but was seen that since the previous inspection, the provider had addressed a previous regulatory breach by ensuring that any restrictive practices in use had been assessed by a human rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to respond to a recent safeguarding issue to ensure that residents were protected. Training records reviewed indicated that all staff members had been provided with relevant training while staff spoken with demonstrated a good awareness of any safeguarding issues and how to respond to them. It was noted that one resident would benefit from additional input from relevant allied health professionals to ensure that they were supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In one unit of the centre, some residents control over their daily lives had been limited at times following a recent safeguarding matter.

Judgment: Not 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 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Tory Residential Services Tramore OSV-0005113

Inspection ID: MON-0022609

Date of inspection: 17/07/2019

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	Not Compliant
<p>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:</p> <p>Appropriate notification will be made and should further changes occur the notifications will be made within the required timeframe</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The staff file was updated on 23/08/2019 and now contains a full employment history. • The staffing arrangements in one unit which have been identified as being challenged by recent events will be kept under review 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

<p>staff development: Staff from the Designated Centre prioritised to attend the next scheduled refresher training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The registered provider will clearly set out responsibility for responding to issues identified in the provider's six monthly unannounced visits. • The registered provider will include information received from residents and their families in the Annual Review 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A quote has been requested for the supply and fitting for 10 fire doors for the designated center. This includes 8 bedroom doors and two bathroom doors. • Due to budget constraints priority will be given by the register provider to fitting fire doors to the 8 bedroom doors in the designated center. • The registered provider will continue to seek funding from the HSE for installation of fire doors. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Kardex of 3 residents will be updated to reflect changes in medication. • Staff will date medicine to indicate once it is open. • A new safe was purchased on 23/09/2019 to hold the key for the medicine press. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The resident met with the organisation's Senior Clinical Psychologist on 20/08/19 and will meet with him on a regular basis for support. • The register provider has commenced specific off sight support in integrating him into new activities both social and vocational. • The resident meets on an as required basis with the registered provider's psychiatrist. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The registered provider is aware of the limitations set by Safeguarding in the particular residence. This is constantly under review and has being sent for appraisal to the Human Rights Committee and they have upheld the Safeguarding supports put in place. 	

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(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	28/08/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and	Substantially Compliant	Yellow	15/01/2020

	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.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	23/08/2019
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	13/01/2020
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.	Substantially Compliant	Yellow	08/10/2019
Regulation 23(1)(e)	The registered provider shall ensure that that	Substantially Compliant	Yellow	15/04/2020

	the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	15/12/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	23/08/2019

	storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	06/09/2019
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	18/12/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Not Compliant	Orange	24/03/2020

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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