Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Riverside - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	03 October 2019
Centre ID:	OSV-0005452
Fieldwork ID:	MON-0022623

About the designated centre

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

Riverside Sonas is a community-based residential home for six adult residents with high support needs. The centre is located in West Co. Dublin close to a variety of local amenities and public transport links. It is a detached two-storey building located in a quiet residential area. The ground floor comprises of a large entrance hall, three en-suite bedrooms, bathroom facilities, a kitchen, a conservatory area and a utility area. The second floor comprises of four bedrooms two of which are ensuite and two which utilise a shared bathroom. One of the bedrooms is used as a staff sleep over room/office. There is a large back garden which overlooks a local river and a large outdoor storage area beside the house. Staffing support is provided for residents 24 hours a day, seven days a week. The staff team comprises of a person in charge, social care workers and health-care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
03 October 2019	09:30hrs to 17:10hrs	Marie Byrne	Lead
03 October 2019	09:30hrs to 17:10hrs	Liam Strahan	Support

What residents told us and what inspectors observed

The inspectors of social services had the opportunity to meet and spend some time with the six residents living in the centre. Due to the assessed needs of the residents living in the centre, the inspectors' judgments in relation to the views of the people who use the service relied upon observation of residents, a review of documentation, brief interactions with residents and discussions with staff. Throughout the inspection residents appeared happy and comfortable in their home.

Residents were observed coming and going from the centre throughout the day to engage in activities such as horse riding, meals and refreshments out and shopping trips including one resident going to the local shops to buy bulbs to sow in their garden. Residents were observed enjoying breakfast and lunch at a time that suited them and to be supported to prepare and enjoy these meals by staff.

Five questionnaires were completed by residents' representatives in advance of the inspection in relation to the quality and safety of care and support in the centre. The feedback in these questionnaires was very positive in relation to comfort levels in the centre, residents' bedrooms, food and meatimes, residents' rights, activities and staffing in the centre.

Capacity and capability

Overall, the inspectors found that the registered provider and person in charge were monitoring the quality of care and support for residents and that residents were in receipt of a good quality and safe service. The provider was identifying areas for improvement in their audits and reviews, in line with the findings of this inspection. These areas for improvement included the requirement to fill staffing vacancies to ensure continuity of care for residents and improvements in relation to risk management, managing residents' finances and documentation in the centre.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre (PPIM). The person in charge and PPIM were meeting formally every four-to-six weeks to discuss the management of the centre and aspects of residents' care and support. Staff meetings were being held and agenda items were found to be resident focused. There were plans in place following the most recent annual review to ensure staff meetings were occurring more frequently. It had also been identified that staff needed to take more of an active role in the development of agenda items and in the meetings themselves. The annual review of quality and

safety and the six monthly visits by the provider or their representative were being completed and there was evidence that the majority of actions from these reviews were being completed in line with the timeframes identified by the provider. There was also evidence that a number of audits were being completed in the area and that the actions from these were leading to improvements for residents in relation to their care and support and their home. Audits were completed in the areas of care planning, assessment of need, finances, medication, infection control, residents' activities, health and safety, first aid and staff training.

Staff members were found to be knowledgeable in relation to residents' care and support needs. A number of staff had previously worked with the residents when they lived in a large institutional type setting and they all described the improvements for the residents in relation to their quality of life and opportunities to experience meaningful activities since they moved to their new home. At the time of the inspection one staffing vacancy had just been filled. However, one and a half whole time equivalent staffing vacancies remained at the time of the inspection. The provider was in the process of recruiting to fill these vacancies and interviews had been completed, but no successful candidates had been identified. A further recruitment drive was planned in the weeks following the inspection. In the interim the provider was attempting to minimise the impact of these vacancies for residents by using regular agency staff. However, this was not always proving possible and, from the sample of rosters reviewed by the inspectors, there were a large volume of shifts covered by different agency staff. For example, on one of the weeks reviewed 14 shifts were covered by seven different agency staff. The inspectors reviewed a number of schedule 2 staff files as part of the application to renew the registration of the centre and found that a number of staff files reviewed did not contain all of the information required by the regulations.

Staff had completed training and refresher training in line with the organisation's policies and procedures. In addition, they had completed additional training in line with residents' assessed needs. Staff who spoke with the inspectors stated they had good access to training and were well supported in their role. They were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. In addition, they had an annual performance review with the person in charge. There was an on-call service available in the absence of the person in charge and the PPIM was also available to staff should they require support to perform their duties in relation to residents' care and support.

The inspector reviewed a number of residents' contracts of care and found that they contained the information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. These had been signed by the resident or their representatives.

There was a directory of residents in place which contained the majority of the required information. It was generally up-to-date, but some of the required information was absent including information relating to discharges, transfers and

dates where residents were not residing in the centre.

Residents were protected by the complaints policies and procedures in place. Each resident had a copy of the complaints process in an easy-to-read format in their bedroom and there was a copy on display in the centre. There were no complaints recorded in the centre since it opened. However, there was a nominated complaints officer and systems in place to record, investigate, respond to and follow up on complaints. Information was available for residents in relation to accessing advocacy services.

The provider had submitted an application to renew the registration of the designated centre. The majority of information was submitted with this application. There were a number of outstanding documents; however, at the time of the inspection, all of the required information had been submitted.

A number of policies required under schedule 5 of the regulations had not been reviewed in line with the time frame identified in the regulations. The provider was aware of this and had sent a memo to staff outlining plans to update the required policies.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the information required by the regulations with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was one and a half staffing vacancies at the time of the inspection. The provider was in the process of recruiting to fill these vacancies and, in the interim, attempting to minimise the impact for residents by using regular agency staff to fill the required shifts. However, this was not proving possible due to the high volume of shifts covered by different agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with residents' needs. They were in receipt of regular formal supervision and annual performance reviews.

All staff members who spoke with the inspectors stated they were well supported to carry out their roles and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place. It contained the majority of the required information. However, it did not contain information in relation to times when residents were not present or residing in the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, residents were in receipt of good quality and safe care and support in the centre. The provider was monitoring care and support in the centre and completing audits and reviews including the annual and six monthly reviews by the provider. However, a number of actions from these reviews were not progressing in line with time frames identified by the provider.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract of care which outlined the care, welfare, services and support to be provided and the fees to be charged, including additional fees if required.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information required by the regulations. It was available in the centre and had been recently reviewed and submitted with the application to renew the registration of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. There was a local complaints officer and the complaints process was on display and outlined in the centre's statement of purpose and residents' guide.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by schedule 5 of the regulations were in place and available in the centre. The centre also had area specific policies and procedures. However, a number of these policies had not been reviewed in line with the timeframe identified in the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the provider and person in charge were monitoring the quality of care and support for residents and striving to ensure that the quality of the service provided for residents was good. The centre was well managed and residents were being supported to take part in activities in line with their wishes and preferences. There were a number of areas for improvement identified by the provider in their audits and plans were in place to complete the required actions from these audits.

The premises was accessible, spacious, clean and well maintained. Each of the residents had their own bedroom which was decorated in line with their wishes and preferences. When residents moved into this premises they brought the furniture which they wished to from their previous home. In addition, they were supported to choose new furniture and soft furnishings for their new home. There were sufficient bathrooms to meet the number and needs of residents and the majority of the residents had their own en-suite bathroom and walk in wardrobe. There was plenty of storage and private and communal accommodation available in the centre. There was a large well maintained garden in front of the property which residents could access freely through the front door or the conservatory. When sourcing this premises, it was evident that the provider had considered residents' changing needs and planned for the future.

Residents' personal plans were found to be person-centred. Each resident had an assessment of need and personal plan in place. In addition, they had an accessible version of their personal plan. There was evidence of regular audit of residents' personal plans. However, some of these audits were not picking up on inconsistencies in relation to residents' assessments, care plans and other documentation in their personal plans. These documentation gaps were not leading to medium or high risk to residents in relation to their care and support, but required review to ensure they were fully guiding staff to support residents in line with their assessed needs.

Residents were being protected to enjoy best possible health. The inspectors reviewed a sample of residents' healthcare assessments and care plans. Residents' healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs. They had support plans in place which were reflective of their current healthcare needs and which were clearly guiding staff to support them. In addition, they had health communication books which outlined key information in relation to their care and support needs. The inspectors reviewed documentary evidence that residents were accessing national screening programmes in line with their age profile.

Residents were protected by arrangements in place to detect, contain and extinguish fires. Suitable servicing and daily checks were completed in relation to fire detection alarm and response systems and equipment. However, actions arising for repairs were not always addressed in a timely manner. A required action identified in January 2019 had not been completed and was again identified as an action in July 2019. This was discussed with the person in charge who arranged for the repairs to be completed during the inspection. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. Fire drills were being completed regularly and staff had completed training and additional training in line with residents' assessed needs.

There was a residents' guide in place which clearly outlined the services and facilities provided in the centre. It also detailed the terms and conditions relating to living in the centre, the arrangements for residents' involvement in the running of the centre, how to access any inspection reports, the procedure for complaints and

the arrangements for visitors.

The risk management policy did not contain all of the information required by the regulations. The provider was aware of this and had plans in place to review it to ensure it contained all of the required information. There was a risk register in the centre which was regularly reviewed; however, it did not contain all identified risks in the centre. This was discussed with the person in charge during the inspection and plans were in place to review it to ensure it was fully reflective of the risks in the centre. From reviewing a sample of risk assessments in the centre it was evident that the initial risk ratings did not reflect actual risks. Some risks in the centre did not include control measures or mitigating actions. There was evidence of review of incident and learning following these reviews. There was evidence of servicing and maintenance of equipment and service vehicles.

Residents in the centre were supported to manage their finances. Financial audits were completed regularly and there was a system in place to review receipts and balances. A sample of residents' financial records were reviewed by the inspectors and found to balance. Each resident had their own bank account and there was a complete list of their belongings present in their personal plan. There were a number of residents' capacity assessments which required review to ensure they were reflective of residents' current needs and current practices in the centre. In addition, the inspectors reviewed a practice relating to residents' money being used to pay for some staff meals and refreshments when accompanying them on outings. The inspectors found that the policy relating to this practice was not clearly guiding staff in relation to where the money was to be sourced for their meals and refreshments. However, residents' contracts of care were clearly guiding staff to use residents' money to pay for their meals or refreshments when accompanying them on outings.

Regulation 12: Personal possessions

Residents were being supported to manage their finances. However, records in the centre required review to ensure they were reflective of residents' needs and current practices relating to supporting them to manage their finances.

Judgment: Not compliant

Regulation 17: Premises

The design and layout of the premises was meeting the number and needs of residents in the centre. The house was warm, clean, comfortable and well maintained. Each resident had their own bedroom which was decorated in line with their wishes and preferences.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which was available in the centre for residents or their representatives. It contained all of the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The organisation's risk management policy required review to ensure it contained all of the information required by the regulations. The risk register required review to ensure it was reflective of all identified risks in the centre. Some individual risk assessments required review to ensure they were appropriately risk rated and included control measures/mitigating actions.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. Suitable servicing and daily checks were completed in relation to fire detection alarm and response systems and equipment. However, actions arising for repairs were not always addressed in a timely manner. Arrangements were made during the inspection to address the required repairs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. In addition, each resident had their personal plan available in an accessible format. Care plan audits were being completed regularly. However, they were not proving effective as they were not identifying inconsistencies in documentation in residents' assessments of needs and care plans. A number of residents' assessments of need and personal

plans required review to ensure they were reflective of their current needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. They had assessments and care plans in place and access to the support of relevant allied health professionals in line with their assessed needs.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Riverside - Sonas Residential Service OSV-0005452

Inspection ID: MON-0022623

Date of inspection: 03/10/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 15.1 Regular agency staff have been deployed to cover current staffing vacancies to ensure that the number, qualifications and skill mix of staff is appropriate to number and needs of residents as per SOP. Time Frame: 01.03.2020 15.3 Recruitment process is currently underway to fill current staffing vacancies to ensure that residents receive continuity of care and support. Time Frame: 01.03.2020 15.4 Planned and actual rota implemented 01.11.2019 15.5 Information and documents specified in schedule 2 have been obtained. 01.11.2019	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of Residents updated to include information relating to discharge, transfers and date for residents not residing in the centre. This is now in compliance with regulation 19. Date completed: 01.11.2019	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action Plans from annual and 6 monthly reviews have been reviewed and are now progressing in line with timeframes identified by the Provider. Date Completed: 01.11.2019	

Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Current policies and procedures on the matters set out in Schedule 5 are being reviewed and will be adopted and implemented accordingly. Time Frame: 1st March 2020	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Individual financial capacities will be reviewed and amended at local level by 1st December 2019. Director of Finance will review current policy in relation to private property accounts to clearly guide staff in relation where money is sourced for their meals and refreshments. Time Frame: 1st March 2020	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 26.1 ci, cii, ciii and civ : Policy on Risk Management has been updated on 08.10.2019 and contains all information required with regulation 26. Risk Register will be reviewed. Appropriate risk ratings and control measures will be identified to ensure full reflection of the risks in the Centre. Time Frame: 30.11.2019 26.2 Systems are in place in the designated centre for responding to emergencies.. 08.10.2019	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Required actions identified for repairs - completed 03.10.2019 System now implemented to review actions arising from repair works to ensure all works completed in timely manner. 31.10.2019	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 5.1b Care Plan and care plan audits to be reviewed by PIC to ensure they are fully	

guiding staff to support residents in line with their assessed needs
Time Frame: 30th December 2019
5.4a Person Plans will be completed for service users to reflect the residents needs in accordance with regulation. 30.12.2019
5.5(8) Care Plans will be amended in accordance with any changes recommended following audit or review. Time frame: 30.12.2019

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.	Not Compliant	Orange	01/03/2020
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.	Substantially Compliant	Yellow	01/03/2020
Regulation 15(3)	The registered provider shall	Not Compliant	Orange	01/03/2020

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
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	01/11/2019
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	01/11/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/11/2019
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	Substantially Compliant	Yellow	01/11/2019

	monitored.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	08/10/2019
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Orange	08/10/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Not Compliant	Orange	08/10/2019

Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Not Compliant	Orange	08/10/2019
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	08/10/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where	Not Compliant	Orange	01/03/2020

	necessary, review and update them in accordance with best practice.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/12/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/12/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	30/12/2019