



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

Issued by the Chief Inspector

Name of designated centre:	Edencrest, Riverside & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	18 August 2020
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0030099

About the designated centre

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

Edencrest. Riverside and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises of two six bed bungalows and a one bedroom flat located within a campus setting which contains three other designated centres operated by the provider. Residents in each bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, clinic/visitors room and bathroom facilities. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered to each house at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants. There is also a person in charge of the centre who also has a management remit to the entirety of the campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Tuesday 18 August 2020	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector only visited one unit on this inspection and did not speak directly with any of the residents, however; occasionally observed staff interactions with them (from a distance) and spoke with one family representative to get their feedback on the service provided. Staff interactions with the residents were observed to be warm and caring and residents appeared to be very much at home in the house and happy in the presence of staff.

During the course of the day, staff supported residents with their daily routines and activities. One resident was observed to be smiling when staff were speaking with them and they appeared happy and content at this time. The inspector spoke with one staff nurse as part of this inspection process and it was observed that although they were only working in the centre for the last few months, they knew the residents needs very well.

The inspector also spoke with one family representative. They were very positive about the service saying the quality and safety of care provided to their loved one was great and they wouldn't have them anywhere else. They also said that their relative was very happy living there, it was a home away from home, staff were kind and caring and they had no complaints whatsoever about the service provided.

Systems were in place to ensure residents had access allied healthcare services (to include GP services) as required. Access to psychology and other clinical services was also provided for so as to support residents with their emotional health and well-being.

However, it was observed that a high level of adverse incidents were occurring in the centre and because of this, some residents required input and support from a behavioral support therapist and additional support with communicating their needs and wishes. These issues were highlighted in their positive behavioural personal plans in November 2019 (and in the risk assessment process) yet the provider had failed to address them in a timely manner and they remained on-going at the time of this inspection.

Overall, at the time of this inspection the residents observed by the inspector appeared happy in the centre and feedback from a family representative about the service provided was very positive. However, some residents were presenting with frequent and complex behaviours of concern which where at times, impacting negatively on the quality of service provided in the centre.

Capacity and capability

Residents observed on the day of this inspection appeared happy and content in their home and family feedback was positive on the service provided. However, some residents were presenting with frequent and complex behaviours of concern which were impacting on their quality of life. These residents required additional input and support to communicate their needs and manage behaviour of concern (as detailed in their positive behavioural support plans and the risk assessment process) and the provider had failed to provide access to these supports in a timely manner.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge (who was also the Director of Nursing for the campus) who worked on a full-time basis in the organisation and was supported in their role by a full time clinical nurse manager II (CNM II). The person in charge was responsive to the regulatory process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were a qualified nursing professional and ensured staff were appropriately qualified and trained so as they had the required skills to respond to the needs of the residents.

The person in charge ensured staff were appropriately trained to respond to the needs of the residents. Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in line with their care plans. From a sample of files viewed, the inspector saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, manual handling and COVID-19 awareness. However, it was observed that the staffing arrangements required review. This was because at times, staff employed to work in this centre were required to cover sick leave and/or staff shortages in other centres on the campus.

The centre was monitored and audited as required by the regulations. The annual review of the quality and safety of care had been completed, along with six monthly audits/unannounced visits. It was observed that some of these audits were bringing about positive changes to some of the everyday practices in the centre. For example, some personal plans and files required review and updating and these issues had been addressed at the time of this inspection.

However, some residents were presenting with frequent and complex behaviours of concern. Documentation viewed by the inspector as far back as 2019 (to include a sample of positive behavioural support plans and the risk assessment process), identified that these residents required access to a behavioural therapist in order to support them manage such behaviour. The residents also required additional input and support to enable them communicate their needs more effectively. At the time of this inspection however, the provider had failed to ensure the residents had timely access to these supports as documented in the centre.

Systems were in place to record and respond to complaints. There was one complaint on file about the service for 2020 and it had been dealt with to the satisfaction of the complainant. A family member spoken with reported that they

had no complaints whatsoever about the service and were very complimentary about the care and support provided.

Overall, residents observed by the inspector on the day of this inspection appeared happy in their home and feedback from one family representative was positive. However, some residents were presenting with frequent and complex behaviours of concern and the provider had failed to put adequate supports in place to help address this issue.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities.

They were also aware of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review as staff employed to work in this centre were required to cover sick leave and/or staff shortages in other centres on the campus.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with all the required training as required by the regulations to include Safeguarding of Vulnerable Adults, Fire Safety and Hand Hygiene.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents in line with their support plans.

Judgment: Compliant

Regulation 23: Governance and management

While the service was being monitored and evaluated as required by the regulations, aspects of the monitoring/auditing process required review. Some residents were presenting with frequent and complex behaviours of concern and it was identified as far back as 2019 that they required additional support in order to communicate their needs more effectively. They also required access to a behavioural therapist in order to support them more effectively manage behaviours of concern. At the time of this inspection however, the provider had failed to ensure the residents had timely access to these supports.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Systems were in place to record and respond to complaints. There was one complaint on file about the service for 2020 and it has been dealt with to the satisfaction of the complainant. A family member spoken with reported that they had no complaints whatsoever about the service and were very complimentary about the care and support provided.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' healthcare needs were being provided for. However, (and as already identified in this report) issues were identified with regard to positive behavioural support plans and the supports available to enable residents communicate their needs. Issues were also identified with premises, residents rights

and aspects of the safeguarding process.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that residents were being supported to use their community and engage in activities of interest. For example, prior to COVID-19 and restrictions on community access, some residents were being supported to attend day services, go to the gym, participate in sporting events, go swimming, take singing lessons, go to local shops and shopping centres. Systems were in place to ensure that where required, access to GP services was provided for. Residents also had access to a range of other allied healthcare professionals to include optician, dentist, dietitian, chiropody and occupational therapy. Hospital appointments were also facilitated as required and care plans were in place to guide staff on how best to support each resident in line with allied healthcare professional advice and guidance.

Access to psychology and psychiatry support was also provided for and where required, residents had a positive behavioural support plan in place. However, some residents were presenting with frequent and complex behaviours of concern and recommendations arising from some positive behavioural support plans were not being followed up on or implemented. For example, it was identified in one resident's positive behavioural support plan in November 2019, that they required additional input and support from a speech and language therapist so as to support them in expressing their communication needs and in managing complex behaviors of concern. Additionally, some residents also required input and support from a behavioural therapist. However, the provider had not made arrangements for these supports to be made available to the residents at the time of this inspection.

Due to the frequency of adverse incidents occurring in the centre, the effectiveness of the safeguarding process also required review. The inspector noted that a significant level of adverse incidents had occurred in July and August 2020 in the service. As a result, safeguarding plans had been drawn up to promote the safety and well-being of all the residents living in the house. However, despite these plans being in place, the inspector observed that at times, residents continued to witness property destruction and other behaviours of concern occurring in the centre. It was also observed that some safeguarding plans were adversely impacting on residents rights to move freely about their own home. For example, when a resident wished to go to their bedroom they had to be escorted by a staff member to ensure their safety and some residents could not use the dining room at the same time due to safeguarding and compatibility issues between them.

The person in charge had taken steps to prepare for a possible outbreak of COVID-19. For example, there were enhanced cleaning schedules in place, staff and residents temperatures were taken daily and all staff had received training in infection control (including hand hygiene). Only a small part of the premises were viewed as part of this inspection process. While they appeared to be clean, some of the furnishings required replacing. For example, one couch was badly worn and and torn and this had not been assessed as a potential infection control issue. Aspects of the building were also observed to be institutional in design and nature. For

example, residents were not included or involved in the process of preparing and cooking of their own meals such as lunch and dinner in their own home. This was because meals were prepared and cooked in a centralised facility on the grounds of the campus and delivered to the house at specific times throughout the day.

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had a number of individual risk assessments on file so as to promote their overall safety and well-being. However, it was observed that some additional control measures required to mitigate some risks were not in place. For example, in order to support some residents with complex behaviours of concern, the support of a behavioural therapist was required (as documented in the risk assessment process). At the time of this inspection this support was not available in the centre. This issue was discussed and addressed in more detail under regulation seven: positive behavioural support.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed healthcare needs were being provided for. However, a number of issues were found regarding positive behavioural support, communication, premises and safeguarding.

Regulation 10: Communication

The provider had failed to provide timely access to a speech and language therapist so as to ensure that residents that needed it, were assisted, supported and enabled to communicate their needs effectively. For example, one resident required additional input and support in expressing and communicating their needs in relation to complex behaviors of concern. The provider had not made arrangements for this support to be made available to the resident at the time of this inspection.

Judgment: Not compliant

Regulation 17: Premises

Aspects of the building were also observed to be institutional in design and nature. For example, residents meals were prepared in a centralised facility on the grounds of the campus and were delivered to the house at specific times throughout the day. Some furnishings also required repair and/or replacing.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had a number of individual risk assessments on file so as to promote their overall safety and well-being. It was observed that some additional control measures required to mitigate some risks were not in place however, this issue was discussed and addressed under regulation 7: positive behavioural support.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had taken steps to prepare for a possible outbreak of COVID-19. There were enhanced cleaning schedules in place, staff and residents temperatures were taken daily and all staff had received training in infection control (including hand hygiene). However, some of the furnishings required replacing. For example, one couch was badly worn and torn and this had not been assessed as a potential infection control issue.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that prior to the COVID-19 pandemic, residents were being supported to use their community and engage in activities of interest.

Judgment: Compliant

Regulation 6: Health care

Systems were in place to ensure the healthcare needs of the residents were being provided for. Residents had access to a range of allied healthcare professionals to include GP services, optician, dentist, dietitian, chiropody and occupational therapy. Hospital appointments were also facilitated as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required the input of a behavioural therapist in order to support them with specific and complex behaviours of concern however, this support had not been made available to the residents at the time of this inspection. It was also observed that recommendations arising from some positive behavioural support plans were not being followed up on or implemented. For example, one resident required additional input and support in expressing and communicating their needs in relation to complex behaviors of concern as detailed in their positive behavioural support plan. The provider had not made arrangements for this support to be made available to the resident at the time of this inspection.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to safeguard residents and where required, safeguarding plans were in place. However, the safeguarding process required review to take into account the frequency and intensity of adverse incidents occurring in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Some of the practices in place were institutional in nature. For example, residents meals were prepared in a centralised facility on the grounds of the campus and were delivered to the house at specific times throughout the day. Due to the level of adverse incidents occurring in the centre, some residents were subject to restriction of movement around their own home.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Edencrest, Riverside & Cloghan Flat OSV-0005487

Inspection ID: MON-0030099

Date of inspection: 18/08/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to bring this centre into compliance the following action is being taken: Engagement will commence in late September 2020 with union representatives to develop a new roster for the centre which will provide more flexibility and meet the assessed needs of the residents. The new roster will reduce the movement of staff between centres.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring this centre into compliance the following actions is being taken (1) A clinical nurse specialist for behaviours of concern has commenced an assessment on 21.08.2020 of one resident. This assessment in conjunction with input from psychology will inform the residents behaviour support plan which will provide guidance for staff on how best to support the resident. 2. Speech and language therapy commenced a communication assessment on 10.09.2020. This assessment will inform the residents behavior support plan.</p>	
Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: In order to bring the centre into compliance the following actions is being taken (1) A Speech and language therapist has commenced a communication assessment for one resident. (2) Referrals for Speech and language therapy for assistive technology will be submitted for 5 other residents living in the centre.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to bring this centre into compliance the following actions is being taken Residents are supported by staff to prepare simple meals and baking in the centre should they wish to do so. There is a fully accessible kitchenette in the centre. This is equipped with the following</p> <ul style="list-style-type: none"> • Hob • Grill & Oven • Microwave • Toaster • Kettle • Fridge/Freezer • Sandwich Toaster • Food Processor • Blender • Smoothie maker • Baking equipment and utensils • Cooking utensils – saucepans, frying pan • Individual snack boxes <p>Breakfast is prepared in the centre and there is a wide range of options available based on individuals preferences. All Meals are provided taking into account individual preferences and assessed needs. (SALT assessment and dietetic recommendations) Dinner and evening meals are provided from a kitchen separate to the centre. There is a choice of two hot meals as well as soup and salads. Meals are prepared by qualified chefs.</p> <p>In addition, the service is at the early stages of planning for the development of a number of community based houses in conjunction with the County Council and Social Housing representatives. These houses will be equipped with a kitchen which will facilitate residents to prepare their own meals. This piece of work is ongoing.</p> <p>The company that supplied the furniture are visiting the centre 18-09-2020 to review extent of damage to soft furnishings. Following advice from the company the soft furnishings will be repaired or replaced.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: In order to bring the centre into compliance the following action is being taken</p> <p>(1)The company that supplied the furniture are visiting the centre 18-09-2020 to review extent on damage to soft furnishings. Following advice from the company the soft furnishings will be repaired or replaced.</p>	
Regulation 7: Positive behavioural	Not Compliant

support	
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In order to bring the centre into compliance the following actions is being taken</p> <p>(1) Clinical Nurse Specialist in behavior has commenced an assessment on 21.08.2020 for one resident who presents with complex behaviours of concern. This assessment in conjunction with input from psychology will inform the residents behavior support plan.</p> <p>(2) SALT has commenced a communication assessment on 10.09.2020 for the resident who presents with complex behaviours of concern</p> <p>(3)The resident is reviewed regularly by the mental health intellectual disability [MHID]team.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In order to bring the centre into compliance the following actions is being taken</p> <p>(1) MDT safeguarding meetings will be held fortnightly rather than monthly to review adverse incidents in Riverside and assess the impact of incidents on residents.</p> <p>(2) Safeguarding plans will be reviewed to ensure that plans do not impact on the rights of residents.</p> <p>(3)Monthly audits of incidents which will be completed to inform risk management and safeguarding process.</p> <p>(4) There will be a review of residents support needs to ensure there are adequate staffing in place to support residents.</p> <p>(5) Additional supports in the form of SALT and behaviour support have been put in place for one resident who presents will complex behaviours of concern.</p> <p>(6)The MDT will continue to review one resident to assess the effectiveness of additional supports.</p> <p>(7) A review of activity schedules will be completed to ensure that residents get opportunities to engage is activities of their preferences.</p> <p>(8) A staff member from Day Services will be allocated to Riverside to increase opportunities for residents to engage in activities of their choosing.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>In order to bring the centre into compliance the following actions is being taken</p> <p>(1)Residents are supported by staff to prepare simple meals and baking in the centre should they wish to do so. There is a fully accessible kitchenette in the centre. This is equipped with the following</p> <ul style="list-style-type: none"> • Hob • Grill & Oven • Microwave • Toaster • Kettle • Fridge/Freezer • Sandwich Toaster • Food Processor 	

- Blender
- Smoothie maker
- Baking equipment and utensils
- Cooking utensils – saucepans, frying pan
- Individual snack boxes

Breakfast is prepared in the centre and there is a wide range of options available based on individuals preferences.

All Meals are provided taking into account individual preferences and assessed needs. (SALT assessment and dietetic recommendations)

Dinner and evening meals are provided from a kitchen separate to the centre. There is a choice of two hot meals as well as soup and salads.

Meals are prepared by qualified chefs.

In addition, the service is at the early stages of planning for the development of a number of community based houses in conjunction with the County Council and Social Housing representatives. These houses will be equipped with a kitchen which will facilitate residents to prepare their own meals.

(2) Safeguarding plans will be reviewed to ensure that plans do not impact on the rights of residents.

(3) A review of activity schedules will be completed to ensure that residents get opportunities to engage in activities of their preferences.

(4) A staff member from Day Services will be allocated to Riverside to increase opportunities for residents to engage in activities of their choosing.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	30/10/2020
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	30/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Orange	30/11/2020

	kept in a good state of repair externally and internally.			
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	31/12/2020
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	31/12/2020
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	Substantially Compliant	Yellow	30/11/2020

	Authority.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	31/12/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/12/2020