



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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	13 February 2020
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0023061

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house, nine self contained apartments and a four bedroom detached house adjacent to the main building. The main building contains a basement kitchen and laundry, a ground floor dining room, sitting room and offices / training rooms. Modern accommodation is linked to the ground floor and this comprises of a reception area, bedrooms for three residents, staff offices, therapy rooms, bathrooms and toilet facilities. The first floor, which did contain offices, was no longer in use. The nine self contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. One apartment has two bedrooms. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Thursday 13 February 2020	09:30hrs to 17:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with 12 residents during the day of the inspection. Some residents remembered the inspector from the previous inspection. One resident had requested to return from the registered providers respite holiday service specifically to meet with the inspector and staff had facilitated this.

Residents spoke very positively of the support, attention and care that was provided to them by all staff. Residents were observed to be very friendly and familiar with staff. Residents were observed to approach and engage with staff on a regular basis and in a meaningful way. Residents spoke with affection on how staff looked out for them. Staff appeared to operate an open door policy and residents could be seen moving in and out of staff offices and staff been available to support the residents. Staff were observed to be respectful and welcoming in relation to these visits. Residents talked about their involvement in general activities, attendance at day services, social and recreational outings as well as planned group work in the 'activities' studio room. Residents continued to attend significant family gatherings, holidays and concerts with staff assistance and support.

One residents wanted to let the inspector know that they were far happier than they had been on the previous inspection. The resident felt that they had more contact with some members of their family as well as benefiting from a change of keyworker who they said was very kind to them. The resident said that all the staff were great fun. Staff were supporting residents to manage their finances better and supported them with budgeting. The resident wanted to emphasis that they had no complaints and anytime they have concerns or issues, staff address things immediately. This resident said that they were in charge of their own apartment and staff respected this by not entering the apartment if they were not there.

A resident who was a non-verbal communicator, indicated to the inspector that they wished to move from their current home up to the main residence within the service. Communication was facilitated through the person in charge. The resident indicated that they had previously requested and moved to an independent apartment with the support of staff but had decided to move back to their original house. They indicated that they spend most of their day in the main house. They liked the contact with other residents and staff and would like to try living in the main residence. The person in charge was addressing this request and actively looking at existing facilities within the main residence to see if this request could be facilitated. This resident also indicated that they had made a complaint recently that was addressed and resolved to their satisfaction.

One resident said they liked to go shopping for food each Friday in their own car, with staff support. They choose products that they like and they always made a list. This resident had been on holiday in Lisbon previously and was planning to attend a wedding in Spain this year, with the support of staff.

One resident wanted the inspector to know that they had requested a new wheelchair from the person in charge. This request and assessment of need was well documented and the resident was happy that the inspector had seen evidence that the person in charge was actively pursuing their request.

One resident expressed frustration with the length of time it was taking to secure funding from their legal representatives to change their car, which was costing them a lot of money in repairs. The person in charge and staff were supporting the resident and advocating on their behalf but the process was slow. The resident stated they were happy with the service and supports they were receiving. Eight residents had completed a Health Information Quality Authority (HIQA) questionnaire which were given to the inspector. One resident expressed wishes for a bigger bedroom, a trilby hat and would like to see therapy dogs more often. One resident wished to have a locked drawer in their room to keep private documents secure.

A number of residents shared their political views with the inspector and some residents speculated on the formation of a government. Some residents expressed concern in relation to the governance of the services and were aware of some of the details in relation to the proposed transition of services. Residents said that while the process was taking a long time, it did not effect them on any level, but they would like it to be resolved.

Capacity and capability

The inspector observed a service that was effectively managed with good levels of leadership and governance. The workforce was competent and well trained. The registered provider had significant information, evaluations and audits of the service to support continued improvements and quality. Details of responsibilities for many areas were clearer and assurances had been recently received on matters of service funding. The senior management team had definite transition plans in place and a dedicated switch over team to facilitate a smooth transition with an anticipated transfer of undertakings in the second quarter of 2020. Complaints within the service were well managed and compliance with regulations were observed to be of a good standard. The registered provider was actively pursuing the employment of staff to fill vacancies.

The service provided was in line with the centre's statement of purpose. The statement of purpose required minor adjustments and this information was attended to by the person in charge on the day of inspection. The inspector found that the centre was well resourced and a member of the senior management team conveyed that written assurance had been received from the principal funding agency since the previous inspection. Staff spoken with were clear on the reporting structures and lines of accountability in the service and there was clear evidence of a number of processes and systems to facilitate management oversight of the service provided in

the centre. The person in charge was actively implementing a new staffing structure of smaller designated teams led by managers who also had keyworker responsibility. The purpose of this change was to create greater person centred planning to assist and support residents, as well as clarify lines of accountability and responsibility of staff.

There was a consistent and well trained staff team working in the centre. Staff training was up to date and well managed. Training in addition to mandatory required training, reflected areas of care integral to the current and future assessed needs of residents. The person in charge was aware of each member of the team's training status and, where required, refresher training had been booked. There was a staff supervision schedule in place and recent improvements had been made to ensure that this was being delivered in line with the organisation's policy. In addition to supervision, there were team meetings and annual staff appraisals. Staff meetings sought to address matters of governance, staff vacancies, internal leadership and keyworking. The person in charge worked full-time in the centre and continued to be supported by a senior manager on secondment from the Health Services Executive as well as a senior manager from the registered provider. It was anticipated that once the governance and formal transfer of undertakings were completed, this person would step back from the person participating in management role. On review of the actual and planned rotas, it was identified that on occasions, additional staff worked in the centre to facilitate residents' needs and preferences. Residents spoke positively about staff and their availability to support participation in preferred and meaningful activities. These sentiments were also reflected in questionnaires completed by residents and their relatives. A physiotherapy and occupational therapy post had been filled by the registered provider since the last inspection. There was clear evidence of the work and assessments conducted with residents by these staff members. These posts had again become vacant in the week before inspection and the registered provider was actively seeking to recruit replacement staff. These posts were essential to meet the assessed needs of residents as well as emerging and future needs for a cohort of residents whose physical dependency would be greater in time.

The registered provider had student nurses, community employment staff and volunteers attend the designated centre. A review of a sample number of staff records in the designated centre demonstrated compliance with Schedule 2 requirements in relation to contracts, previous references, current national vetting bureau disclosures and medical declarations.

The registered provider maintained an up-to-date directory of residents. All resident movements in and out of the designated centre for holidays, overnights at home etc. were accurately recorded.

An annual review document was available. This demonstrated that there had been consultation with residents during the year in relation to the quality and safety of the service provided. The inspector reviewed the two most recent reports provided in the designated centre. In keeping with the regulations, these were prepared following unannounced visits to the centre by a person nominated by the registered provider. Both reports included plans to address identified concerns and it was clear

that once identified, issues were addressed to resolution. Staff had introduced a safety pause to reflect on areas of practice. Records and documentation held in the designated centre were easily retrievable and maintained to a very high standard. This had been an area highlighted for address by the registered providers audits. A recent assessment tool for restrictive practices circulated by HIQA to all registered providers had been completed and applied by the staff within the service.

Staff were open to residents' feedback and outlined how they had supported residents with unresolved grievances through additional supports. There was a complaints procedure in place in the centre. This was also available in a format designed to be accessible to residents. The inspector reviewed the centre complaints log. It was evident that there were follow-up actions when complaints were made and outcomes were clearly documented. Complainants were satisfied with the outcome of complaints made.

There was evidence of a reduction in the number of reported alleged adverse incidents in the designated centre since the last inspection. All incidents had been reported to the office of the Chief Inspector in a timely manner. The registered provider had in place a contract of insurance against injury to residents as well as damage to property.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had provided to HIQA all the necessary documentation to support the renewal of registration application, in the specified time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge and the person in charge met the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and qualifications of staff was appropriate to the number and assessed needs of residents, however there were two vacancies within the service; a physiotherapy post and occupational therapy

post that required filling.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were appropriately supervised at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider ensured that a directory of residents was well maintained.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records in relation to staff as prescribed by Schedule 2 and records in relation to residents as specified in Schedule 3 were well maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents as well as damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were effective in ensuring that the service

provided was safe, appropriate to residents' needs, consistent and effectively monitored. However, policies and paperwork whilst effective, continued to be that of the previous registered provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did include all of the information set out in Schedule 1 of the regulations and minor adjustments were made on the day of inspection.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that all volunteers within the designated centre received supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the Chief Inspector notice of all adverse incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure for residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found that a good quality of service was provided to all residents, in a designated centre that was designed to meet the assessed needs of all residents. Care was observed to be person centred. Staff were very knowledgeable regarding residents' needs and the inspector was satisfied that individual needs were being met. Residents appeared to be happy and stated they were well supported by staff. Since the previous inspection, significant work had been undertaken by the staff team to resolve issues around resources and addressing issues relating to ambiguity in overall governance and management.

The inspector reviewed a sample of residents' individual care plans. All care plans had clearly defined short and long term goals. The care plans were subject to regular and ongoing review and information was current and up-to-date. Residents demonstrated a clear understanding of the goals that staff had assisted them to define and achieve. Residents knew their assigned key worker by name. All plans reflected significant input from multidisciplinary and allied health professionals. Outcomes were subject to review by residents and staff. Each resident engaged in daily activities which mirrored personal choice and preferences as defined in care planning.

Each resident had a current health action plan in place that reflected their current health needs. Residents had a choice of general practitioner (GP). Residents had benefited from the input of a physiotherapist and occupational therapist since the previous inspection and these two posts had recently become vacant again.

Each resident had an intimate care assessment and plan in place. There was evidence that the registered provider had an appropriate response to all recorded allegations of abuse in place. There was evidence that personal behaviour support plans were in place for some residents but it was not clear if these support plans had been integrated into each resident's individual care plan. Restrictive practices were subject to multidisciplinary review, had the written consent of each resident, and were linked to individual risk management plans.

Residents stated that they felt very safe in the designated centre. All indicated that staff were very kind to them and they could not think of a time or situation that they did not feel safe. Residents readily identified staff that they felt they could approach if they had a concern. Some residents referenced the online safeguarding training that staff had assisted them to take part in.

Residents were happy with the current arrangements in place to receive visitors and felt there were enough private spaces in the designated centre. Residents felt that there were enough staff and transport facilities within the designated centre to support residents maintain relationships with family and the wider community. One resident liked to send letters and post cards to friends, with staff assistance.

The registered provider ensured that the premises were designed and laid out to meet the assessed needs of residents and the environment was homely and welcoming. Some areas of the designated centre required internal and external repairs as well as decoration. Some of the residents' apartments demonstrated signs of wear and tear due to wheelchair use and activity. Some of these works were

committed to by the registered provider and HIQA was given assurances on the previous inspection that these matters would be addressed by the end of April 2020. There was evidence that the registered provider had engaged contractors and that some of these works were commissioned to proceed to meet the previously agreed time lines. A solution to provide kitchen facilities to three residents in the main building and the location of resident's bedrooms to staff areas had yet to be resolved. Works to provide an independent access to a community service and cease the practice of access through the designated centre and residents home, was at an advanced stage.

Residents indicated that they enjoyed shopping for food that they preferred and had staff support to this. Residents who were supported to live in the apartments enjoyed eating at times that suited themselves. These residents also were happy to have access to cooked meals in the main house, should they wish to purchase them. The food preparation areas were observed to be very clean as were the food storage areas. Staff were observed to be attending to good food hygiene standards and practices.

Residents were supported by staff to manage their own money and some residents felt that this support was advisory as opposed to directive and appreciated this assistance. Residents were observed to have adequate space within their living areas to store personal possessions.

The registered provider had taken precautions against the risk of fire. The fire alarm system had been subject to testing by a registered contractor, as had the emergency lighting and all fire extinguishers on site. All fire exits were kept clear throughout the designated centre. Each resident had a current personal emergency evacuation plan in place and recorded fire evacuation drills were within acceptable time frames. Mandatory fire and safety training by a registered and certified fire and safety instructor was provided to staff. Residents and staff demonstrated good knowledge of the fire evacuation procedures and of emergency responses.

All medicines were securely stored. All residents had an assessment in place to determine if they could self administer medicines. While medicine errors were recorded through an audit process, these errors were ones of omission by residents on leave from the designated centre. The reporting system was subject to monthly review by management.

The registered provider had a comprehensive and up-to-date risk register in place. Risks referred to hazard identification and a comprehensive assessment of risks particular to the designated centre. Risks had agreed measures and actions clearly outlined. The control measures in place were proportional to the risks identified and there was evidence that residents were consulted on matters of risk.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to

communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control of personal property and possessions and were supported to manage their personal affairs.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided each resident with appropriate care and support, having regard to the nature and extent of the resident's disability and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed and laid out to meet the assessed needs of most residents, however some areas of the designated centre required internal and external repairs as well as decoration. This included the internal plastering of walls, the provision of kitchen facilities for three residents and an independent access for community based services.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate quantities of food and drink which were wholesome and nutritious.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a comprehensive risk management policy in place and risk control measures were proportionate to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents at risk of healthcare associated infections were protected and staff practices were observed to be of the standards set out in the registered providers policies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had in place suitable practices relating to medicines in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan
The person in charge ensured that each personal plan was subject to review, carried out annually or more frequently if circumstances changed.
Judgment: Compliant
Regulation 6: Health care
The registered provider had provided appropriate healthcare for each resident, having regard to that resident's personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge ensured that staff had up-to-date knowledge and skills to respond to behaviours that challenge. However, some positive behavior support plans needed to be reviewed and updated as part of the personal planning process.
Judgment: Substantially compliant
Regulation 8: Protection
The registered provider ensured that each resident was assisted and supported to develop the knowledge and skills needed for self-care and protection.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider ensured that residents privacy and dignity were respected. However, works to provide a separate entrance for a day service were awaiting

completion by 30 April 2020 as per the previous inspections compliance plan.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0023061

Date of inspection: 13/02/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The two vacancies are currently advertised on Enable Ireland but due to the Covid 19 outbreak – interviews will be postponed.</p> <p>In the interim, due to the closure of day services, an OT and Physio will be available to St. Laurence on an advisory level, with additional support from a physical therapist who will be based in the service for 2 days a week from Enable Ireland day services to meet the needs of the residents. Thereafter, recruitment will resume.</p> <p>There has been an additional vacancy for 1.0 wte Staff nurse. A recruitment campaign resulted in no applications suitable for the post. Recruitment will commence after Covid 19 crisis ends.</p> <p>Current staffing levels are meeting the needs of the residents.</p> <p>All future recruitment campaigns will be through Enable Ireland.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All documents will be replaced with the Enable Ireland Logo going forward. Plans for re-branding of the service is underway in line with T.U.P.E.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Three areas were identified during the inspection which required addressing: 1. Kitchen: a proposal is in place to move the kitchen from its existing place (in the old part of the main building) to the main house which should proceed after the handover to Enable Ireland. That in turn, will close off the old building and responsibility for its maintenance and upkeep will be the responsibility of Cheshire Ireland.2. Installation of a new entrance in Corridor C to facilitate Community services. This door has been installed 13.03.2020 Action complete.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All positive approach plans are currently reviewed by RNID under Cheshire Policy. All current plans are in place only for the minimum amount of time and are reviewed regularly and discontinued accordingly. All plans have recently been reviewed and are currently discontinued.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The new entrance to corridor C for community services has been installed 13.03.2020.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	01/10/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	01/12/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	01/12/2020

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	01/09/2020
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.	Substantially Compliant	Yellow	13/03/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships,	Substantially Compliant	Yellow	13/03/2020

	intimate and personal care, professional consultations and personal information.			
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