



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

Issued by the Chief Inspector

Name of designated centre:	Centre 7 Cheeverstown Community Services Oldbawn/Ballycullen
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	26 August 2021
Centre ID:	OSV-0004130
Fieldwork ID:	MON-0029567

About the designated centre

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

The service provides full-time residential care and support to adults with a diagnosis of intellectual disability. The centre consists of four separate houses in the community within the geographical area of South Dublin. There are three two-storey houses and one bungalow. In total, 13 adult residents with an intellectual disability live in the centre within the age range of mid-thirties to mid-seventies. There are gardens to the rear of each house. Each of the residents has their own bedroom which had been personalised to their own taste. Each house has a kitchen/dining area and two bathrooms. The person in charge shared their time between the four houses. There are social care leaders, social care workers, staff nurses and care assistants employed in this centre.

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
Thursday 26 August 2021	10:00hrs to 18:40hrs	Gearoid Harrahill	Lead
Thursday 26 August 2021	10:00hrs to 18:40hrs	Valerie Power	Support

What residents told us and what inspectors observed

Throughout the day, the inspectors had the opportunity to meet with all 13 residents living in the designated centre and observe them going about their day, interacting with staff, going on errands and outings, engaging in their hobbies and relaxing in their home. Some residents did not wish to speak with inspectors as they were busy. Where relevant to do so, staff supported the residents to communicate their views and stories to the inspectors. Overall, residents felt safe in the service, had a good relationship with staff and with each other, and were encouraged to pursue their chosen routines and interests.

The designated centre consisted of four suburban residential houses which overall were suitable in size for the number and support needs of the residents. The houses included pleasant and private outdoor gardens and patio spaces and residents spent some time in the garden watering their plants, listening to music, kicking a ball around with staff and sitting out enjoying the sunny day. Where required the centre had features and equipment to promote accessibility, such as hoists, rollators and accessible bathroom spaces. The provider had identified that one house in particular was not going to be ideal for future mobility needs and was exploring options of moving to a new house in which people would not need to climb stairs.

The majority of the residents had not been attending day services since the start of the COVID-19 pandemic, however the inspectors found examples of where people had been supported and encouraged to pursue new hobbies and interests in the house and the local community. Residents were busy with personal projects and were coming and going from the house to go for walks or drives, go shopping, go for lunch out, to the local church, or go to the seaside. Some residents pursued their hobbies at home, such as jigsaws, artwork, baking, sewing and watching and making videos online. Inspectors were told that not having to get up early for the day service bus meant there was less rush in the morning and residents could sleep late and follow a routine that suited them. The provider also advised that this had, in turn, resulted in fewer incidents related to anxiety, stress or over-stimulation. Residents had also built up relationships with their neighbourhood, local community and businesses. Some residents indicated that they were not interested in returning full-time to a day service, and the provider was reassessing management of resources such as staffing structures and vehicle access, to ensure residents' choices would be respected in this regard and this new, more person-centred structure of service would be encouraged going forward. The inspectors also were advised of residents who wished to live elsewhere, and found good examples of how this was discussed with the resident to establish preferences and set out realistic expectations of time-frames for moving house.

Residents told inspectors they felt safe and supported in their home and while some residents did not always get along together, they liked their home and trusted the support staff. Residents indicated that they would feel comfortable making a complaint if necessary, and inspectors found examples of where residents had, or

intended to, raise displeasure with management about staff members or their fellow residents. The inspectors found that where issues were raised, they were responded to in a timely fashion and relayed back to the resident. Throughout the day, the inspectors observed patient, friendly and encouraging interaction and engagement between staff and residents. Staff were knowledgeable of residents' needs, including aspects of their lives with which residents were struggling, and were observed responding in a caring and respectful manner. Residents had recently enjoyed birthday celebrations and summer barbecues in their home with staff.

Residents were encouraged to participate in the running of their house. Residents planned out meals together and divided up the household chores. Two of the residents advocated on behalf of the rights and wishes of their peers, and others were involved in various inclusion initiatives.

Residents had been supported to receive their vaccine against COVID-19 and enjoyed being able to safely increase their social outings and meet up with their families and friends. Some residents were looking forward to being able to spend weekends away, go on holidays or to go for hair appointments again.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The inspectors found that management at centre level and provider level maintained effective oversight and governance to ensure the service provided was safe and delivered as per the residents' wishes and assessed needs. Areas in need of short-term and long-term development or improvement were identified through regular audits and engagement with the reporting structure, with actions set out to address same. A number of aspects of centre resources were identified as requiring revision which did not have clear timeframes for progress, or were contingent on the progression of priorities in other designated centres managed by this provider. Some improvement was also required to ensure reports and documentation was accurate and consistent.

The provider has strived to improve consistency of staffing resources since the start of the COVID-19 pandemic. In the sample of shift records reviewed, the use of agency personnel had dropped and the supporting staff on the relief panel were allocated specifically to each house in this designated centre. So while there was still found to be a high use of staff from the support panel, the consistency of their hours and shift patterns had greatly improved. This had had a positive effect on the continuity of support for residents by familiar staff, as well as the person in charge having designated staff who worked exclusively in their service. The inspectors met with staff members of the core team and of the relief team, and both were equally

knowledgeable of the residents' needs and personalities, and had developed a trusting rapport with them.

Staff were being suitably supported and supervised by their respective line managers, and were attending supervision and performance development meetings with the management in accordance with provider policy. Staff were also facilitated to stay up to date on training which was mandatory or which was required based on the assessed health or social needs of residents.

The provider had composed their annual report for the service in December 2020, and this covered a detailed analysis of how the service had strived to keep residents safe, happy and engaged with interesting hobbies, social opportunities and community engagement at a time which there was a great impact to routines due to the COVID-19 health emergency and the associated social restrictions, which included the suspension of day service and access to visitors. The annual report reflected the lived experiences of residents attained through their personal development objectives and commentary from the residents, their advocates and keyworkers. The provider gave particular focus to the future of the service and the model of support when restrictions ease. The provider acknowledged how much residents had been supported to develop new or enhanced life skills, social opportunities and hobbies, and had become more integrated in their community and neighbourhood. The provider had committed to advocating choice for each resident as to whether they wished to attend day services when they were they returned to regular capacity, continue to be supported with their home as the central base, or a combination of both. The provider also advocated for participation and integration with the local community to be the focus of personal goals as social restrictions gradually eased and to put renewed emphasis on breaking down social barriers between people who lived in designated centres and their local neighbourhood.

The provider had identified a number of areas in which resources required comprehensive review to ensure that they provided quality support in line with residents assessed needs, accessibility, and choices. For example, parts of the designated centre premises were identified as not being ideal for residents who would benefit from living on ground level accommodation. The person in charge, residents and staff also identified a desire to have more exclusive use of suitable vehicles for community access, as a single vehicle was currently being shared between the centre's four houses and other services, and there being a limited number of personnel trained to drive them. The provider had also identified that the core staffing complement required revision to ensure that when day services resumed and support staffing hours were no longer exclusive to each house, that staffing numbers could provide the presence and structure of support committed to for residents who chose to stay at home or follow individual routines. While these developments were identified by the provider and were noted as actions for 2021, the provider advised that their progress would be impacted by negotiation of staff contracts and allocation of funding based on developments in other designated centres, and as such there was no projected date for progressing some of these changes.

Regulation 15: Staffing

There was a sufficient number and skill-mix of staff to support the residents in this centre, and support personnel were allocated in a manner which retained continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to receive supervision and training in line with provider policy and assessed support needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had identified where property and personnel resources required review to provide an effective and person-centred service, however at the time of inspection there was no anticipated timeframes within which the provider expected to have secured new premises, vehicles or contracted staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose, however the information regarding the staffing complement contracted to work in the designated centre was not accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Some practices which had been identified as restrictive practices in the centre, such as lap belts and locked doors, were not reported to the chief inspector as per the

requirements of the regulations.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that the day-to-day operation of the designated centre ensured that residents were being supported to get involved in interesting and meaningful engagement in the community and at home, and were receiving a quality service and support in line with their assessed needs and preferences. Some improvements were required in the physical infrastructure of the designated centre to provide a service which optimised the safety, accessibility and homeliness of the environment for the residents. Inspectors found a high standard of personal planning, needs support and promotion of independence and choice.

Inspectors reviewed a sample selection of plans and staff guidance on delivering resident supports, which were informed by comprehensive assessments of need. These plans were overall person-centred and highly tailored to the specific needs and wishes of residents, and there was clear information on the most recent advice from the relevant healthcare professionals. Support plans were subject to review annually, or when there had been changes in needs, and plans were evaluated regularly to determine if they were having the desired effect or outcome. These reviews reflected input from the multidisciplinary team, the resident, and their direct support staff. The inspectors found evidence that residents continued to have access, in person or remotely, to their general practitioner, speech and language therapist, occupational therapist, psychologist, chiropodist, physiotherapist and other clinicians relevant to their assessed needs. Where staff were instructed to carry out tasks such as food intake or weight monitoring, this was consistency filled to provide the best evidence to the healthcare professionals. Where support plans were determined to be no longer required, they were discontinued.

Residents who required support in communication had clear guidance to which staff could refer. This included use of pictures and gestures to assist staff to speak with the resident, and communication guides for staff on what certain gestures and vocalisations made by the resident meant. Where relevant, the staff used simple stories to support residents to understand and make informed consent on certain supports, or when addressing resident concerns and complaints.

For residents who may respond to stress or anxiety in a way which creates a risk to themselves or others, staff were provided guidance on maintaining a low-arousal, relaxed environment and routine, and ensuring the resident had access to the activities and social opportunities they enjoyed. Of the sample reviewed, the inspectors found that while the guidance to staff on proactively supporting the resident was person-centred and detailed, the focus was on avoiding incidents, with limited information on supporting the resident during or after an event. However,

the staff who spoke with the inspectors on the day knew the residents well enough to be aware on the most effective approach.

The four houses were located in pleasant, relaxed suburban residential areas. Gardens were of a sufficient size and provided a peaceful, private space for residents to relax outside. Each resident had a single bedroom which was personalised based on their wishes and interests, and sizable living room and kitchen/dining area. While all residents could access and navigate their house, the provider had identified that not all areas were ideal for residents' mobility needs, particularly residents who needed to climb stairs to get to the bathroom or their bedroom. Other improvements were identified regarding the premises. These included greater separation in some houses of the staff office spaces from the resident living spaces, and more appropriate storage solutions to avoid mobility equipment being stored inappropriately in shared bathroom space. Some areas of the designated centre required improvement in general maintenance, such as surface damage to walls, ceilings, paintwork, flooring and radiators. Some areas required improvement in cleanliness, most notably a utility room containing a washing machine and refrigerator, which was dirty with mould and thick dust. Living rooms and bedrooms were overall clean and comfortable.

The provider held practice evacuation drills to be assured that residents and staff from all houses could evacuate safely and efficiently in the event of an emergency. Each resident was risk assessed for exiting the building, and these plans identified who may require verbal prompting and what was the most suitable exit route for them. Residents in inner rooms or residents with higher physical mobility needs had exit routes directly outside from their bedroom. In the sample of drill records reviewed, the time taken to exit, and learning for future reference, was recorded. The provider was practicing night drills early in the morning so as to simulate a sleep scenario while not disturbing residents in the middle of the night. However, doing it this way resulted in the morning staff member having started their shift and the drill was carried out with two staff assisting residents. This was not reflective of a typical night scenario of one sleeping staff member, and as such it was not clear on the procedure and order of steps followed by a staff member on their own.

Not all doors in the designated centre were equipped to contain smoke and flame in the event of a fire, including doors which lacked smoke seals, or lacked mechanisms which allowed them to close automatically if the fire alarm sounds. While checking the doors which were constructed to contain fire and smoke, inspectors found examples of where these doors were getting stuck on the floor or the doorframe, or where the door was being held open using furniture, compromising their ability to automatically close.

Residents were involved in a wide range of meaningful and personally enjoyable hobbies and social opportunities in their home, in the local community, in online activity sessions, or independently. During the day the residents were coming and going on trips, walks, and shopping with appropriate staff support available. Residents and staff indicated that without the day service bus arriving first thing in the morning, residents were developing routines and timetables for activities based on their individual preferences each day. Access to the wider community was limited

for some residents as the four houses of this designated centre, as well as other services, shared a single bus so some trips out were contingent on booking and availability. The inspectors found examples of where the provider strived to reduce the impact of this until a long-term solution could be achieved, such as subsidising taxi costs when the bus was not available at the preferred time, using staff vehicles where appropriate and safe to do so, and parking the vehicle when not in use at the house accommodating residents whose only option was this accessible vehicle.

Regulation 10: Communication

Staff were supported to understand and communicate with residents based on their assessed means of communication, including gestures, pictures and verbal techniques.

Judgment: Compliant

Regulation 13: General welfare and development

Options for accessing the community was impacted upon by the accessible service vehicle being shared by many locations.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had identified where some parts of the designated centre were no longer ideal for resident accessibility and navigation.

Some areas of the designated centre were in a poor state of maintenance or cleanliness, which impacted upon the pleasant and homely appearance of the centre.

Storage solutions were required to ensure that resident equipment was not stored in shared toilet areas, and that office equipment was not impacting upon resident living space.

Judgment: Not compliant

Regulation 18: Food and nutrition

Resident were assessed for their supports in eating and drinking and were provided appropriate levels of assistance at mealtimes.

Judgment: Compliant

Regulation 27: Protection against infection

Good practices of protecting residents and staff from COVID-19 were in effect, including strategies for if someone in the designated centre became ill. There was appropriate sanitising and personal protective equipment available in the houses.

Judgment: Compliant

Regulation 28: Fire precautions

The designated centre and its evacuation routes were not suitably equipped to provide effective containment in the event of a fire.

Improvement was required in the routine checks of self-closing doors to identify where they did not close correctly.

Where fire doors were held open by choice, this needed to be done in a manner which did not compromise their containment function.

Improvement was required in practice evacuations to ensure that the evacuation procedure was followed according to plan in a timely manner during times of minimal staffing at night.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans were informed by a comprehensive assessment of need, were kept under regular and as-required review, and reflected the input of the resident, their representatives and healthcare professionals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to retain access to their doctor, healthcare professionals and services relevant to their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was required to ensure staff received complete and consistent guidance on responding to incidents in which residents required support during times of frustration or distress.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to make choices regarding their home, their routine and their plan of support, and decisions of what to do with their day was resident-led. Resident privacy and autonomy was respected, and the inspectors observed encouraging, dignified and respectful engagement between staff and residents and examples of where their voice was reflected in documentation regarding their home and supports.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 7 Cheeverstown Community Services Oldbawn/Ballycullen OSV- 0004130

Inspection ID: MON-0029567

Date of inspection: 26/08/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider is liaising with housing agencies and local council to acquire a more suitable premises that will suit the needs of the individuals. All individuals have been registered with the housing authority.</p> <p>External funding will be sourced to enable purchase of suitable vehicles that will increase the access for the designated centre from two vehicles to three vehicles.</p> <p>Once the will and preference of all individuals is confirmed regarding their wishes for day support, the provider will review the changes to staffing resources required in the longer term and explore all funding options in partnership with the HSE. Any long-term change to staffing numbers contracted to this designated centre will be reflected on the statement of purpose and function.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>On completion of the plan regarding reopening day support services the statement of purpose will reflect the correct staffing whole time equivalents. Staffing resources based on assessed needs of the individuals will be reviewed on an annual basis or earlier if required.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter in relation to restrictive practices such as lap belts and a locked door not previously notified</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The provider will increase available vehicles in this centre from two to three.</p> <p>The person in charge with the transport manager will identify other vehicles from the transport fleet that can be made available for residents when required.</p> <p>Where appropriate and suitable some individuals will continue to use public transport to engage in community and social activities.</p> <p>The HR department will continue to identify full driving license as desirable criteria when advertising vacancies.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Office equipment will be relocated or alternative items purchased to ensure there are no restrictions and to maintain a homely environment for the residents</p> <p>Mobility equipment will be stored in bedroom when not in use.</p> <p>Deep cleaning by household staff has been requested through manager.</p> <p>Maintenance work required will be included on the schedule of works.</p> <p>The provider is liaising with housing agencies to acquire a more suitable premises that will suit the needs of the individuals. All individuals have been registered with the housing authority. Once a suitable premises is identified the provider will apply to HIQA for registration of a new location.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The person in charge will include the fire safety handbook at staff meetings to ensure staff are fully familiar with the guidance. The daily fire checklist has been updated, issued and is in operation. The weekly fire checklist has been updated inline with the fire safety guidance, issued and in operation. The fire drill report and guidance has been updated and includes guidance for operating a simulated critical staffing fire drill. All staff will participate in completing a fire evacuation drill to consolidate their fire training learning. Maintenance have been requested to examine all self closing fire rated doors including fire seals within the four locations to ensure they are working and that they are maintained in a manner that does not compromise their fire rating. The provider will engage an external company with expertise on all items fire related to complete an audit of this designated centre.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The person in charge with the key staff in collaboration with the MDT will review and document comprehensive reactive strategies within the persons support plan that will guide support practice for staff when a person engages in self injurious during episodes of distress.</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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	09/05/2022
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	01/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	03/12/2021
Regulation	The registered	Substantially	Yellow	30/09/2021

17(1)(c)	provider shall ensure the premises of the designated centre are clean and suitably decorated.	Compliant		
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/12/2021
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.	Substantially Compliant	Yellow	31/12/2021
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.	Not Compliant	Orange	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	31/10/2021

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/12/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/10/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	31/10/2021

	respond to behaviour that is challenging and to support residents to manage their behaviour.			
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