Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dolmen House 2
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0029221

About the designated centre

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

Dolmen House 2 is situated in a quiet cul-de-sac in a town. There are two bungalow houses in the complex which are joined by a conservatory in the middle. Local amenities include supermarkets, restaurants, a library, schools and a local resource centre. The aim of Dolmen House 2 is to provide residents with a home and the support required in order for the residents to live as independently as possible in comfort and confidence. The centre also aims to foster an atmosphere of care and support which both enables and encourages residents to live as full, interesting and independent a lifestyle as possible to achieve personally desired outcomes and lead self directed lives. The staffing team consisted of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, 7 days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 October 2021	10:30 am to 6:30 pm	Leslie Alcock	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

There are two bungalow houses in the complex which are joined by a conservatory in the middle. The designated centre comprised of one of these bungalows in a residential area in a small town. The centre was designed and laid out to meet the resident's individual needs and interests.

The inspector spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the resident's documentation. This information was used to gain a sense of what it was like to live in the centre. On arrival, the inspector met one resident who recently moved into the centre. This resident presented with responsive behaviours that involved moving around the premises consistently. The inspector observed the staff implementing proactive strategies during the inspection to support the resident and ensure their safety and wellbeing at all times. This resident appeared curious about the inspection process but chose not to engage with the inspector.

The inspector later met the other resident who allowed the inspector to see their bedroom. This resident showed the inspector items in their room that they were interested in and talked about their various interests such as sports. One resident lives in the centre on a part time basis primarily at the weekend and was not present on the day of the inspection.

In general, the inspector found that the residents were supported throughout the day by their support staff. The residents appeared comfortable in the company of staff and in their environment. The residents enjoyed personalised activation schedules. On the day of the inspection, the residents had various appointments with allied healthcare professionals for various assessments and one resident went with staff to do the food shopping for dinner.

The inspector observed respectful, warm and meaningful interactions between staff and the residents during the day. Staff spoken with on the day of inspection spoke of the residents in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life.

Some improvements were required to promote higher levels of compliance with the regulations to ensure a safe and quality service was provided at all times. This was

observed in areas such as; staffing, governance and management, premises and fire safety. The inspector observed that the providers own auditing and review systems were not appropriately highlighting areas in need of improvement. At times, audits and reviews required by the regulations were not being completed by management.

In summary, based on what the residents and staff communicated with the inspectors and what was observed, while improvements were required, it was evident that the residents received overall good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the registered provider demonstrated the capacity and capability to support the residents in the designated centre. While there were management systems in place to monitor the quality and safety of the care and support delivered to the residents, this required further review to ensure more effective and consistent oversight of the centre. Some issues highlighted during the centres most previous inspection had not been appropriately addressed by the provider or management. For instance; the provider had conducted thematic audits in relation to medication and finances. However, the annual review for the previous year and six-monthly provider unannounced audits were not occurring in line with the requirements of the regulations and therefore the provider was not self identifying if there were areas in need of improvement in the centre. In addition to this, the garda vetting for a number of staff had recently expired.

The centre had a clearly defined management structure in place consisting of a person in charge, who worked on a full-time basis. The person in charge was supported by the staff team and the service manager. The person in charge was found to be competent, with appropriate qualifications and experience to manage the designated centre. This individual also demonstrated in-depth knowledge of the residents and their support needs.

Overall, the staff team were found to have the skills, qualifications, and experience to meet the assessed needs of the residents. There was some staff vacancies and where cover was required, it was found that a group of regular relief staff were being used. This ensured consistency of care for the residents. However the inspector found a number of staff members Garda Vetting was out of date and not in line with the providers own policy. Furthermore the staff roster did not reflect all staff who were on duty at all times as required by regulations.

Staff were in receipt of support and supervision provided by the person in charge however this was not taking place at intervals that were in line with the provider's policy. Mandatory staff training and refresher training was facilitated by the provider. However, not all training and refresher training was up-to-date for staff.

The provider had scheduled dates in place for the completion of same.

Regulation 15: Staffing

Whilst the number and skill mix of staff on duty presented as appropriate improvements were required. The inspector found a number of staff members Garda Vetting was out of date and not in line with the providers own policy. Furthermore the staff roster did not fully reflect all staff who were on duty at all times as required by regulations. For example, relief staff were not reflected on the centres actual rosters.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. All mandatory training was in place with small number of staff requiring updated training.

Supervision records reviewed and discussions with the person in charge highlighted that one to one formal supervision had taken place for all but two staff members this year. One staff member was on extended leave but the other staff' supervision remained outstanding. Supervision wasn't taking place at intervals in line with the providers own policy which is twice a year. However, the person in charge and staff communicated that the person in charge are in the centre on a regular basis to provide ongoing informal support to staff. This was observed on the day of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. There was a full time person in charge who was found to be competent, with appropriate qualifications and experience to manage the designated centre.

While there were management systems in place to monitor the quality and safety of the care and support delivered to the residents, this required further review to

ensure more effective and consistent oversight and auditing of the centre. For instance, there was no annual review of the quality and safety of care and support in the centre completed for the previous year. This issue was also highlighted at the centre's previous inspection in February 2020. The provider conducted internal thematic audits in relation to finances and medication but they had not conducted six-monthly unannounced visits to assess the overall safety and quality of the care and support provided in the centre as required by the regulations. This meant that the provider was not self-identifying areas in need of improvement which was also evident in the non-compliance's found in areas such as staffing, the premises and protection against infection.

In addition to this, formal supervision of staff had not taken place in line with the provider's policy and not all staff training was up to date. This had not been identified as an issue by the provider. While there was some evidence that monthly house meetings with residents taking place it had been 5 months since the last meeting.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The centre received a new admission the week prior to the inspection. The inspector found evidence that admission occurred in line with the designated centre's criteria outlined in their statement of purpose. While it was not possible for the resident to visit the centre prior to their admission, their family visited the centre on their behalf. Prior to the admission, a comprehensive transition plan was developed with input from multi-disciplinary professionals. The plan included an in-depth assessment and background information on the new resident. Prior to the resident's admission, the provider also conducted a resident impact assessment with the current residents to assess their compatibility.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service, for the most part, provided appropriate care and support to the residents. However, there were some improvements required in relation to the premises, protection against infection and fire safety.

The inspector reviewed residents' personal care plans and they had an up-to-date

assessment of need which appropriately identified residents health, personal and social care needs. The assessments informed the residents personal support plans which were up-to-date and suitably guided the staff team.

Overall, the designated centre was decorated in a homely manner. The residents rooms were decorated in line with their preferences and interests. However, an area of significant mould and dampness was observed in a residents bedroom that required attention.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks. However, the individual risk assessments for one resident required further review to ensure all potential risks were identified and assessed.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The resident's had personal emergency evacuation plans (PEEP) in place which guided the staff team in supporting the residents to evacuate. However, a number of containment measures in place were held open on the day of inspection. This had been an issue highlighted during the centres previous inspection. The registered provider promptly addressed this. It was communicated that the doors were kept open on the day of the inspection to facilitate the safety of a new resident who demonstrated responsive behaviours. There was no mechanism in place to safely hold the doors open and also provide safe containment systems in the centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing. There were mechanisms were in place to monitor staff and residents for any signs of infection. Personal protective equipment (PPE), including hand sanitizers and masks, were available and were observed in use in the centre on the day of the inspection. However, the hand washing facilities required review as there was no facilities for residents, staff and visitors to appropriately dry their hands.

Regulation 17: Premises

There are two bungalow houses in the complex which are joined by a conservatory in the middle. The designated centre comprised of one of these bungalows in a residential area in a small town. The designated centre was designed and laid out to meet the needs of residents; it presented as a warm and homely environment in most parts. The residents bedrooms were decorated in line with their preferences with pictures and certificates of achievements on the walls. The centre had a large well maintained garden. For the most part, the provider had ensured the provision of the requirements set out in schedule 6 including adequate storage, and adequate social, recreational spaces as well as kitchen, bathroom and dining facilities.

However, there was a large area of significant mould and dampness found by the inspector in one resident's bedroom which required immediate attention. The inspector found that this matter had been reported for repair back in February 2021 but this had not happened.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident was recently discharged from the centre and another resident was recently admitted from another service. The inspector found evidence that the discharge was planned in a safe manner and was assessed as meeting the resident's needs. The discharge plans were discussed, planned and agreed with the resident and their family.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an effective system in place for recording incidents and accidents which included an incident analysis that recorded triggers or antecedents, actions taken and the impact on residents. This system also ensured management had oversight of all adverse events. The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was a risk register for the centre and individualised risk assessments in place and for the most part were updated regularly. However, individual risk assessments for one resident required review in relation to ensuring all possible risks were identified and assessed.

The inspector found that the risk management policy contained all the information required in the regulation however it was not up to date and it was communicated that the policy is currently under review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and

staff had adequate access to hand sanitising gels. Mechanisms were in place to monitor staff, residents and visitors for any signs or symptoms associated to COVID-19. Risks associated with residents and staff contracting COVID-19 had been carefully considered and risk assessed with appropriate control measures in place. An up to date COVID-19 preparedness and service planning response plan was also in place which guided them through an outbreak earlier in the year.

However, the hand washing facilities required review as there was no facilities available for residents, staff and visitors to dry their hands appropriately. In addition, there was no evidence of appropriate COVID-19 training for a number of staff. An area of significant mould and dampness was observed in one residents bedroom (as outlined in Regulation 17) which has remained unaddressed for a substantive period of time. The presence of damp in residents bedrooms does not demonstrate good ventilation or infection prevention control procedures.

Judgment: Not compliant

Regulation 28: Fire precautions

In general, fire safety systems were in place which included daily checks that involved a visual check on the fire fighting equipment, containment measures, emergency lighting and evacuation routes. Fire detection and containment measures were in place in this centre including, fire doors, fire fighting equipment and an appropriate fire alarm system. Staff training was up to date and there was personal evacuation plans in place for the residents. There was evidence that the resident's were provided with appropriate fire safety awareness training also. The inspector found that the provider was self identifying issues with containment measures and there was evidence that these issues were addressed. Similarly, the provider arranged an external service to review their fire safety systems. This review identified that quarterly inspections on the emergency lighting systems had not taken place in the previous year as required but there was evidence that this was addressed after the review and further quarterly inspections were scheduled.

The documentation in place relating to evacuation drills outlined that the simulated fires took place in different locations in the centre, the length of time it took to evacuate, the evacuation route, the staffing levels and identified areas of concern. Evidence of regular evacuation drills which were taking place, however, there had been no drill simulating night time conditions in the last year or the previous year. In addition to this, two of the fire doors were wedged open on the day of the inspection but this was immediately rectified. This had been an issue highlighted during the centres previous inspection. It was communicated that the doors were kept open on the day of the inspection to facilitate the safety of a new resident who demonstrated responsive behaviours. There was no mechanism in place to safely hold the doors open and also provide safe containment systems in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Comprehensive needs assessments were in place for residents and the designated centre was found to be suitable to meet their assessed needs. Appropriate personal plans had been put in place and contained suitable goals that were subject to regular review. The review of the person centred plans looked at areas such as the resident's family and friends, health and safety, finances, making choices and activities. Through the person centred planning process and key-working sessions, monthly goals were agreed and an action plan developed. The progress and outcomes of these goals were reviewed on a monthly basis. It was evident from a review of these plans that residents were receiving care which was person-centred and tailored to meet their assessed needs with regular input from multi-disciplinary professionals.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. There were no open safeguarding concerns and there was evidence that previous concerns were monitored, reviewed and dealt with appropriately. There was evidence that the residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents had intimate care plans in place which detailed their support needs and preferences. The provider also had an up to date comprehensive safeguarding policy in place.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dolmen House 2 OSV-0005769

Inspection ID: MON-0029221

Date of inspection: 13/10/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will make sure that all documentation in line with Schedule 2 is in place, prior to commencing employment and is reviewed as per Organisational policy. The Person in charge will ensure that the actual and planned roster reflects all staff working in the Designated centre. The roster will include fulltime, part time & relief staff and other staff that may be at times seconded to work in the Designated center to ensure the needs of the residents are met. The Registered Provider has enhanced the skill set of the staff team by employing a HR manager on a permanent part time basis. This staff member is responsible for managing staff files ensuring that all documentation is in line with Schedule 2.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that all mandatory training is in date, paying particular attention to Infection control training including the following list of training: • Putting on & taking off PPE in Community Healthcare settings- HSELand • National Standards for Infection Prevention & Control in Community Services: Putting the Standards into Practise- HIQA • Hand Hygiene- HSELand This was completed on the 17.11.2021. The Person in Charge will ensure that staff have supervison in line with organizational policy, which is twice yearly.	

The Person in Charge has scheduled dates for the outstanding Supervision meetings for 2021 & will schedule calendar dates for 2022 with the staff team in the designated centre.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider will ensure that management systems are in place in the designated centre including the Annual Review, which will be conducted by internal personnel identified by the Registered Provider & six monthly unannounced audits which will be completed by an independent auditor.
The Registered Provider will ensure that the Annual Review is completed by year end in line with Regulation 23. The Registered Provider has identified appropriately qualified personnel to complete the Annual Review. This is scheduled to take place on the 10.12.2021 & 13.12.2021.
The Registered Provider has engaged the support of an external independent auditor to carry out twice yearly unannounced inspections. This process will commence in January 2022.
All of the above measures will identify areas for service improvement and ensure that the service provided is safe and appropriate to resident's needs.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider engaged contractors to remedy the mould identified in one resident's bedroom. The remedial work was carried out to the satisfaction of the Registered Provider on the 01.11.2021.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Registered Provider has reviewed and updated the Risk Management Policy. This review has been scheduled for approval by the Board of Directors.

The Person in Charge has reviewed all individual risk assessments for one resident. This review identified an additional risk and a risk assessment has been completed to mitigate this risk. This was completed on the 3.11.2021

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Registered Provider engaged contractors to remedy the mould identified in one resident's bedroom. The remedial work was carried out to the satisfaction of the Registered Provider on the 01.11.2021. The Registered Provider will ensure that there is a system in place so that the designated centre has facilities, in place at all times for staff & residents to dry their hands. The Registered Provider has added a column to the daily checklist to ensure that there are fresh towels, paper & linen in each bathroom on a daily basis. This was completed on the 30.11.2021. The Person in Charge will ensure that all mandatory training is in date, paying particular attention to Infection control training including the following list of training: • Putting on & taking off PPE in Community Healthcare settings- HSELand • National Standards for Infection Prevention & Control in Community Services: Putting the Standards into Practise- HIQA • Hand Hygiene- HSELand This was completed on the 17.11.2021.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider will ensure that a simulated night time drill will take place in the hours of darkness. This is scheduled to take place on the 2.12.2021. A simulated night time fire drill in the hours of darkness will form part of our annual scheduled fire drills. The Registered Provider has identified mechanisms to safely hold fire doors open, to ensure the safety of all residents. These mechanisms have been fitted by a registered fire safety company and they will be inspected regularly as per regulations. The mechanisms close automatically on the activation of the fire alarm system. This work was completed on the 26.11.2021. The Registered Provider sourced a Fire Warden, Train the Trainer course for the Person in Charge. This training was completed over 2 days on the 22.11.2021 & the 29.11.2021. The Person in Charge is now certified to provide Fire Safety training in house.	

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/12/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	05/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/11/2021
Regulation	The person in	Substantially	Yellow	31/12/2021

16(1)(b)	charge shall ensure that staff are appropriately supervised.	Compliant		
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	01/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	15/12/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated	Not Compliant	Orange	01/02/2022

	centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/12/2021
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	Not Compliant	Orange	30/11/2021

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	02/12/2021