



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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 August 2021
Centre ID:	OSV-0002034
Fieldwork ID:	MON-0033352

About the designated centre

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

Harbour Lights is a four-bedded house located in the outskirts of Cork City (three resident bedrooms and one staff bedroom). It is home to three people, over the age of 18 years old, who require specific support to manage a physical and/or sensory condition. The centre provides long term residential supports and is staffed 24 hours a day. Harbour Lights is located near many social and recreational amenities including local shops and services, and transport links. It is stated in the statement of purpose that the service aims to provide a person centred approach in a homely, safe environment that takes into account each resident's individual needs and aspirations.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 18 August 2021	9:00 am to 4:30 pm	Lisa Redmond	Lead

What residents told us and what inspectors observed

From what residents told us and inspectors observed, it was clear that residents received a good quality of support from the staff team. However, significant improvements were required to the management and oversight of the centre. Although some of the management issues did not directly impact on the quality of support residents received, there was evidence that staffing issues and the unsuitable premises did directly impact on the residents that lived in the centre.

On the day of the inspection, the inspector met with the three residents that lived in the designated centre. On arrival, residents were getting up and having their breakfast. The inspector chatted to the residents throughout the inspection about their life in the centre, and the supports that they received there.

When the inspector met one resident, they were on route to the kitchen to have their breakfast. A staff member had made pancakes that morning, which two of the residents really enjoyed. Other staff members complimented this staff member on their cooking skills, with residents also agreeing that they were a great chef.

Each resident living in the centre had their own private bedroom. One resident told the inspector that they looked after their bedroom, which included cleaning and hovering it. The resident told the inspector that could see their room, and it was clear that it looked nice and cosy, and was very clean. Another resident told the inspector that they had a cosy double bed.

One resident spoke about their love of art and crafts, and they had plans to travel to Limerick to go to a specific shop that they loved. A staff member had supported them to plan the trip, which included booking their train ticket and dinner in a restaurant that they had really enjoyed on a previous visit. It was evident that the resident was looking forward to the trip, and spending some time with the staff member that would be going with them.

One resident remembered the inspector from a previous visit to the designated centre. This resident was a non-verbal communicator, and used gestures and physical prompts to make their needs known. Staff members facilitated conversation with the resident, and it was evident that they understood the resident's methods of communication.

The resident had recently received a new wheelchair which had a fan built into it to keep them nice and cool. The resident was happy to show the inspector how this worked, with support from the staff. They discussed their plans to go to Brown Thomas the following day in the hopes that they could purchase a new outfit for a wedding they would be attending.

The designated centre was located on the outskirts of Cork City in close proximity to a variety of local amenities including restaurants, walks and public transport. It was

a bungalow with a garden area to the back of the house. It was identified that the layout of the house was not appropriate to meet the needs of the residents. For example, there was a lack of storage space and therefore equipment including hoists were stored in communal areas. It was also difficult for staff members to mobilise residents who used a wheelchair around corners and through door ways in their home. There was no suitable private area for residents to facilitate visits in their home. There was also evidence of some general wear and tear in the centre, with some areas requiring painting.

The provider was aware that the premises was not suitable and plans were in place to build a new home for the residents. This was due to be completed in November 2021, however at the time of the inspection the building works had not yet commenced. When asked, one resident was excited about their new home, but were uncertain about when they would be able to live there. There was no clear plan outlining a time frame for the residents to move to their new home, which would better suit their needs.

The designated centre was homely in nature. Throughout the designated centre, residents' art projects and paintings were on display. Two residents showed the inspector some pottery and tiles that they had made, while another resident told the inspector that they had a bag full of arts and crafts items in their bedroom.

As the inspector spoke with the residents, it was evident that they all appeared comfortable, and they were observed smiling as they chatted with staff members. It was noted that one resident spent a lot of the day sitting in the sitting room. However, staff spoken with told the inspector that the resident liked to stay at home. It was observed that after some encouragement, they did later decide to go on a walk with the other residents, where they planned to also get tea and a cake.

On the previous inspection of the designated centre, which was completed by the Health Information and Quality Authority (HIQA) in October 2020, it was noted that the staffing arrangements in place were not sufficient, in line with the assessed need of residents. At that time, a minimum of two staff were on duty at all times.

On this inspection, the inspector reviewed the designated centre's rota and spoke with staff members about residents' support needs and their daily duties. Since the previous inspection, it was noted that on a number of dates that three staff had been rostered on duty in the morning time. However, there were still occasions where only two staff members were on duty. It was identified that two residents required the support of two staff members to attend to their personal hygiene needs. One resident also required supervision due to their epilepsy.

In line with the assessed needs of residents, staff members were responsible for the preparation of meals, residents' feeding, eating and drinking, the administration of medicines and household duties including cleaning and laundry. Staff members spoken with told the inspector that it was challenging to provide supports to residents when two staff were on duty, with another stating that sometimes it is difficult to find time for the residents. Staff members told the inspector that one resident loved going for walks, and while they supported this as much as they could,

it was difficult when two staff were on duty. This was because one resident preferred to stay in the centre, and another resident required support from two staff to attend to their hygiene needs. It was evident that while staff members were dedicated to providing a good quality of support to the residents, staff members wished they had the resources to provide these supports to residents.

It was evident that residents were happy with the staff team that supported them, telling the inspector that they were kind and caring, and that they looked after them well. Staff members who provided direct supports to residents were complimentary of each other. For example, one staff member spoke about how another staff member always put towels in the drier so that they were warm and cosy for residents when they were finished bathing. It was also noted that they also regularly put blankets for residents in the drier, so that they would be comfortable and cosy.

It was evident that the staff team were dedicated to provide the best quality support to residents, with the available resources they had. 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

It was evident that significant improvements were required to the management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs.

This inspection of the designated centre had been carried out as the centre was due for renewal of registration. The registered provider had not ensured that a number of documents had been submitted to HIQA in a correct and timely manner, to support the application to renew the registration of the designated centre.

When the registered provider applied to renew the designated centre's registration, their registration pack (documentation required to renew the registration of a designated centre) was returned to the provider. The reason for the registration pack being returned was that an incomplete application had been made. The registered provider re-submitted a complete registration pack, however this was received 15 calendar days after the date it was required.

Amendments were required to the designated centre's statement of purpose and resident's guide to ensure they met the requirements of the regulations. These amendments had been requested to support the application to renew the designated centre's registration. However, it was noted that these documents did not meet the requirements of the regulations on the day of the inspection. These documents were updated by the person in charge during the day of the inspection. It was agreed that these documents would be sent to HIQA to support the

application to renew registration, after the inspection.

In May 2021, the registered provider submitted a notification to the chief inspector, advising them that the person in charge had departed the role on 02 April 2021. Therefore, the registered provider had not advised the chief inspector within 10 days of this occurring, in line with the regulations. When a new person in charge was appointed to the role by the registered provider, full and satisfactory information as outlined in Schedule 3 had not been submitted to HIQA within 10 days of their appointment. The new person in charge had commenced the role on 10 May 2021. At the time of the inspection, the Schedule 3 information was still outstanding for the person in charge.

On the day of the inspection, the inspector discussed the interim cover arrangements in the designated centre at the time that there was no identified person in charge, from 02 April-10 May 2021. Due to the late notification of the absence of the person in charge, HIQA was not aware of the cover arrangements in place at this time. It was identified that a social care leader was responsible for the day to day management of the centre at this time, with support provided by the adult services manager. Although staff members told the inspector that the social care leader had supported them as a staff team during this time, it was not evident that these individuals met the requirements of the regulations, as HIQA was not aware of the cover arrangements at the time there was no person in charge appointed in the designated centre.

The registered provider appointed a new person in charge of the designated centre in May 2021. As previously stated in this report, the registered provider had not ensured that all Schedule 3 information relating to the new person in charge was submitted in a timely manner. After the inspection, it was identified that this individual did not hold a current qualification in health or social care management at the time that they were appointed to the role. Although they were completing this course at the time of the inspection, it was evident that the registered provider had not ensured that this individual met the requirements of the regulations, at the time they were appointed to the role.

In line with the regulations, the registered provider must notify the chief inspector in writing of any change to the identity of any persons participating in management of the centre with 28 days. It was identified that one person participating in management had left the role in November 2020, and that a new person participating in management commenced the role in March 2021. HIQA was not notified of these changes to the governance and management structure of the designated centre as outlined by the regulations. These notifications were submitted to HIQA retrospectively, after the inspection.

An annual review of the quality and safety of the care and supports provided in the designated centre had been completed in 2019 and 2020. On review of both documents, it was identified that large quantities of the written information was repeated in both reviews. It was also noted that some actions were repeated, and that the action plan did not clearly state the updated time frame for actions to be completed. For example, it was noted that a new premises was due to be built for

residents to live in. The date for this action to be completed was November 2021, however this action had not been updated to reflect that the building works had not yet begun. An annual review for 2021 was at draft stages at the time of the inspection.

In the draft version of the annual review for 2021, it was identified that staff members had not received formal supervision since 2019. At the time of the inspection, formal supervision had taken place for three of the designated centre's 12 staff. Therefore, it was not evident that effective arrangements had been put in place to support, manage and develop all members of the staff team.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had not ensured that a full application to renew the registration of the designated centre had been submitted to HIQA in a timely manner.

Judgment: Substantially compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had not ensured that the chief inspector was notified in writing of the change of identity of the person in charge within 10 days of this occurring.

The registered provider did not ensure that full and satisfactory information relating to Schedule 3 of the regulations had been submitted within 10 days of the appointment of a new person in charge.

The registered provider had not ensured that the chief inspector was notified in writing within 28 days of changes to the identity of persons participating in the management of the designated centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The registered provider had not ensured that the person in charge held an appropriate qualification in health or social care management before they were appointed to the role of person in charge in the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff on duty was appropriate to the number and assessed needs of the residents. This was an outstanding action from the previous inspection of the designated centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Due to the findings of this inspection, it was not evident that management systems in place were to ensure the service provided to residents was appropriate to residents' needs, and effectively monitored.

The registered provider had not ensured that effective arrangements were in place to support, develop and manage all members of the staff team.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents living in the designated centre. This document was updated by the person in charge during the inspection, ensuring it contained the information required in Schedule 1 of the regulations.

This was due to be submitted to HIQA after the inspection, to support the designated centre's application to renew the registration of the designated centre.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support by the staff team that worked directly with them in their home. However, there was evidence that staffing issues and the unsuitable premises did have an impact on the residents that lived in the centre. Improvements were also required to ensure all residents could be safely evacuated in the event of a fire.

On review of residents' personal files, it was noted that each resident had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Where support needs were identified, these were supported by a plan of care.

There was evidence of regular multi-disciplinary input as required. When one resident had an appointment during the pandemic, there was evidence that staff members supported this to happen remotely. For example, it was documented that a staff member supported the resident to set up a video call, introduced the resident to the allied health professional and then left the room so that they could speak to them privately. This supported the resident's right to privacy, and promoted their dignity with respect to personal and professional consultations.

The inspector reviewed the fire safety systems in place in the centre. Fire doors had been fitted to compartmentalise areas of the centre, and there was evidence of a number of fire exits which were accessible. A fire alarm panel was located in an accessible area, and emergency lighting was also available in the event of an emergency. Fire-fighting equipment including fire extinguishers were serviced on an annual basis.

The inspector reviewed records of fire safety drills that had taken place in the centre. A night-time evacuation drill had taken place in June 2021, where it had taken 8 minutes to evacuate all residents to a safe location. There was no evidence recorded, and staff members spoken with, were not aware if this was a safe evacuation time for residents. The registered provider acknowledged that they were currently in the procurement process for a fire competent person. However, there was no evidence of a drill occurring after this date, to assure the provider that residents could be evacuated safely, in a night-time scenario.

A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. Staff members wore face masks at all times, and alcohol hand gel was available in various locations throughout the centre. The designated centre had a stock of personal protective equipment (PPE) in the event this was required. A contingency plan had been developed by the registered provider, which was specific

to the procedures to be enacted in the centre.

Regulation 11: Visits

It was evident that visitors were welcomed to the centre, in line with COVID-19 guidance. However, there was no suitable private area for residents to facilitate visits. This was an outstanding action from the previous two inspections of the designated centre.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was clean, warm and suitably decorated. However, the registered provider acknowledged that the centre did not have adequate space, in line with the assessed needs of residents. Plans to provide a new home to residents and been delayed, and there was no clear time line for when residents would be able to move to their new home.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident. This document was updated by the person in charge during the inspection, ensuring it contained the information required in regulation 20.

This was due to be submitted to HIQA after the inspection, to support the designated centre's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents were protected from potential sources of infection, including COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

A night-time evacuation drill had taken place in June 2021, where it had taken 8 minutes to evacuate all residents to a safe location. There was no evidence recorded, and staff members spoken with, were not aware if this was a safe evacuation time for residents. There was no evidence of a drill occurring after this date, to assure the provider that residents could be evacuated safely, in a night-time scenario.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been completed on an annual basis.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents were supported to promote their privacy and dignity. Staff members put measures in place to ensure residents were respected, and supported to have a good standard of care in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour Lights OSV-0002034

Inspection ID: MON-0033352

Date of inspection: 18/08/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Redrafted floor plans for the designated centre were sourced from an architect in a different region and re-submitted for application - Complete</p> <p>SOP was redrafted in accordance with updates and the regulations and submitted to registration for review - Complete</p>	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Revised SOP has been submitted to the authority with a clear outline of the management structure, escalation of complaints process and a copy of the existing registration cert in line with regulation.</p> <p>Complete</p>	

Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The provider assured HIQA registration on the management experience of the PIC in line with regulation having regard to the size of the designated centre, the statement of purpose and the number and needs of the residents.</p> <p>All Schedule 2 information is in place in line with regulation</p> <p>Due to the global pandemic the original management course was cancelled and the provider sourced an alternative course in supervisory management. This was an unprecedented event and the provider has assured HIQA that this will not occur again in the appointment of any further PIC.</p> <p>Course is now completed, final assignments have been submitted and results will be given on the week of the 18th of October.</p> <p>Official QQI certificate to be released in December.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A review of staffing levels took place by senior management taking into account the number, qualifications and skill mix of staff appropriate to the number and assessed needs of the residents in line with registration.</p> <p>Additional staffing needs have been identified to support the existing roster, recruitment for additional posts will commence in October 2021.</p> <p>In the interim redeployed staff are in place to support residents as required and in line with assessed need.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider is satisfied that a robust governance and management structure is in place for the designated centre. There was a delay with recruitment for the PIC, the provider</p>	

ensured that a social care leader and Adult Service Manager (Director of Nursing) managed the service effectively in the interim and this is now resolved. We acknowledge that there was a gap in portal notification for one PPIM leaving and the timeframe between the previous PIC leaving and another being appointed, this is now rectified. There is a clearly defined management structure in place that identifies lines of authority, specific roles and details responsibilities for all areas of service provision. A complete annual review was finalized and submitted to PPIM for final sign off. Unannounced internal inspections have been completed and will commence back on site in the last quarter of 2021. Staff supervision and performance management is in place both formally and informally. All information is provided to residents in a timely and appropriate manner.

Complete

Regulation 11: Visits	Substantially Compliant
-----------------------	-------------------------

Outline how you are going to come into compliance with Regulation 11: Visits:
 The existing office space will be relocated to allow residents receive visitors on site until the final building works are completed and office space will be moved to a different location

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 The Board of Enable Ireland has reviewed the figures of the new planned accommodation at its Board meeting on 16.09.21. Due to increased building costs during the pandemic, the alternative new accommodation for residents is no longer affordable. Residents will be consulted at a meeting on week beginning October 11th on this important matter. Local management will meet with the residents to discuss a proposal to retain the existing accommodation and redevelop the site to improve facilities and comply with HIQA regulation. The plans previously developed for the centre will be reviewed with the residents. Once this consultation is complete a construction program plan will be agreed with the architect by end-November and submitted for planning permission in the first quarter of 2022.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills are carried out quarterly in the designated centre in line with regulation. The inspector was on site August 18th and the previous fire drill had taken place on June 22nd in line with regulation. This drill was recorded and evidenced on the day of inspection. The provider has appointed the services of a registered fire consultant to ensure all areas of fire safety are reviewed in line with the HIQA framework and to carry out a full risk assessment. This person was on site on Monday September 6th and has completed a report on September 24th. Overall findings of this consultation have found that the designated centre is in compliance with fire regulation. All necessary fire equipment and monitoring and testing of same is in place Means of escape are identified with suitable evacuation lighting in place Fire risk assessment is complete Fire safety training is completed by all staff Fire signage is in place Emergency procedure is in place Simulated fire drills are carried out quarterly and recorded. Day time drill carried out in September with 2 minute evacuation time and Night time evacuation completed again in October resulted in times reduced to 4 and a half minutes to get all staff and residents safely to the fire assembly point. Confirmation from Cork city fire brigade of a response time of 8-10 minutes. All doors are 30minutes burning time</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	21/09/2021
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	21/09/2021
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of	Not Compliant	Orange	21/09/2021

	<p>this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.</p>			
<p>Registration Regulation 7(3)</p>	<p>The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>21/09/2021</p>
<p>Regulation 11(3)(b)</p>	<p>The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>31/12/2021</p>

	private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.			
Regulation 14(3)(a)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care.	Substantially Compliant	Yellow	21/09/2021
Regulation 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Substantially Compliant	Yellow	18/10/2021
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	Substantially Compliant	Yellow	29/10/2021

	statement of purpose and the size and layout of the designated centre.			
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.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/12/2022

	accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	21/09/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	29/10/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	05/10/2021