



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Ballymoney
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	05 July and 06 July 2021
Centre ID:	OSV-0003633
Fieldwork ID:	MON-0033547

About the designated centre

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

Camphill Ballymoney consists of two detached houses and one dormer bungalow located in a rural community setting. Overall, the designated centre can provide residential services for a maximum of seven residents with support given by paid staff members and volunteers. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Facilities throughout the three units that make up this designated centre include kitchens, sitting rooms and bathroom facilities while each resident has their own bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 5 July 2021	10:30hrs to 18:40hrs	Tanya Brady	Lead
Tuesday 6 July 2021	10:00hrs to 15:30hrs	Tanya Brady	Lead
Monday 5 July 2021	10:30hrs to 18:40hrs	Conor Brady	Support
Tuesday 6 July 2021	10:00hrs to 15:30hrs	Conor Brady	Support
Tuesday 6 July 2021	10:00hrs to 15:30hrs	Finbarr Colfer	Support

What residents told us and what inspectors observed

This inspection was completed over two days and involved two inspectorate staff on the first day of inspection and three on the second day. All houses that make up this designated centre were visited and large proportions of time were spent in engaging with residents, their families or representatives and the staff team, in addition to observing day to day activities and routines. While restrictions were easing in relation to the COVID-19 pandemic, the inspectors at all times adhered to public health guidance and national best practice relating to infection prevention and control. Full review of documentation was completed in a room separate to the residents' homes over both days. In advance of the inspection, inspectors had completed review of all information submitted to the chief inspector both requested and unsolicited since the previous inspection of the centre.

This designated centre comprised of three residential units in a rural setting, close to the coast, which is registered for a maximum of seven residents. One of these houses was empty on the days of inspection with residents having moved to live in the other two houses. Following this inspection the registered provider decided to remove the empty house from the registration of this centre and apply to have the centre comprise of two units only.

During the most recent inspection in March 2021 inspectors found poor levels of compliance in all regulations reviewed. This inspection found some improvements in a number of the regulations reviewed. However, inspectors also found that improvements continue to be required and many of these are identified as being both resource dependant and requiring consistent implementation of the providers new systems of oversight and review.

There were 7 residents living in the centre over the course of the inspection. One resident was at home with their family and inspectors met all other residents over the two days of the inspection. The inspectors spent time with staff members and the management team aligned to the centre. In addition the inspectors had requested that the provider inform all resident families and/or family representatives that this inspection was taking place. Inspectors spoke with all families who expressed a wish to speak to them either by telephone or in person over the course of the inspection. A recurring theme from families spoken with was the levels of inconsistency of management and staff in the centre over the past number of years. Families expressed gratitude for having a service but frustration with the levels of changes in staff and managers which they noted was negatively impacting on their loved ones.

The inspectors observed that some residents had moved within the centre to another house and the residents themselves reported that they were pleased with these moves and they felt happier in their new home. Residents welcomed inspectors and showed them around their homes, one resident commented that they felt safe in their home and had a nice bed to sleep in. Another resident however,

commented that they felt the furniture was old and worn out and they would like some new furniture. A staff member also commented that there had been limited resources within the centre, for example when the freezer broke it had not been replaced for a long time but they felt there had been positive changes in the centre over the last few months and stated that some new furniture and fittings had been ordered.

Residents were supported to walk to the local shop if they wished to purchase something and one resident was looking forward to a music session that had been arranged for the second day of inspection. Other residents told the inspectors they were going to use the gym facilities in a nearby hotel. Other residents told the inspectors that they had been to see an exciting film in the cinema the previous week and were happy to be back doing things again outside of the centre.

Some of the staff team that the inspectors met had moved from another of the providers centres since the last inspection and some had only started in the preceding days or weeks. Staff reported that maintaining a consistent staff team had been the biggest challenge and they felt that this was an area that was improving. A resident spoke with inspectors and stated they found the staff nice and that they would listen if they needed time to explain something. Staff were observed to be kind and respectful, for example offering choices at mealtimes and assisting residents in preparing their food.

The next two sections of the report outline the specific regulations that were reviewed by inspectors.

Capacity and capability

Following a series of very poor inspection findings in centres operated by Camphill Communities of Ireland throughout 2020, the registered provider was required to submit a comprehensive national improvement plan to the Chief Inspector of Social Services in October 2020. It started in November 2020 and came to a conclusion in April 2021. The implementation of the national plan was monitored by the Chief Inspector of Social Services on a monthly basis. This centre was last inspected in March 2021 as part of this national monitoring programme of Camphill Communities of Ireland and inspectors found that the provider had failed to implement improvements for residents in the centre during the implementation of their national plan. Inspectors found high levels of non-compliance impacting on the quality of service being provided to residents with all regulations reviewed at that time found to be non compliant.

Following the March 2021 inspection, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of the centre. As is their right under the Health Act 2007, as amended, Camphill Communities of Ireland submitted formal representation to the Chief Inspector setting out why the centre's registration

should not be cancelled and outlining their proposed actions to come into compliance with the regulations.

This inspection was carried out to assess the quality and safety of care delivered to residents. The inspection was also to review progress/regress against the actions set by the provider to come into compliance with the regulations in their submitted formal representation and to review actions set by the provider in their compliance plan from the March 2021 inspection.

Overall this inspection found that the registered provider had demonstrated some improvements in the provision of safe and quality care required for residents in this centre. Although improvements in a number of areas reviewed continue to be required, in particular in relation to medication management, fire precautions and resident safeguarding.

The management team demonstrated awareness of areas that were priorities for improvement and had demonstrated a focus on improved staff consistency and access to staff training and provision of supervision in particular. A new person in charge was in place (albeit on an interim capacity) who had introduced and initiated many of the providers new systems of auditing, oversight and accountability in order to ensure that resident's safety needs were met. There was a new person participating in management in place who was in an oversight role and supported the person in charge in driving required changes and improvements.

Regulation 15: Staffing

The registered provider had reviewed the staffing levels required for the residents needs in this designated centre. Following the changes whereby residents had moved within the centre, thus removing one unit that had required a staff team, had allowed the registered provider to improve consistent levels of staff support.

The inspectors noted that new staff had started in the centre since the last inspection in addition to staff transferring from other centres. While there remained some gaps on the roster these were significantly less than on the previous inspection. The agency staff used were consistent where possible and the process for ensuring they had time to become familiar with residents' needs and for induction had improved. A lot of staff changes had occurred in this centre and service consistency had not yet had time to fully embed.

Rosters were reviewed and found to be clear and accurately reflected the staff on duty over the two days of inspection. Inspectors completed a review of the staff personnel files and found that they had been audited and reviewed by the provider. The files reviewed contained all documents as required by Schedule 2 of the regulations such as, garda vetting, evidence of qualifications or references.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall the inspectors found that there were improvements in the area of staff training and development since the last inspection. There was a systems in place that recorded training staff had received and highlighted when refresher training was required that had not been in place previously. Where refresher training was overdue for staff in areas such as managing behaviour that is challenging or in manual handling this had been scheduled. In addition all staff were scheduled to attend training in the area of food safety.

The provider and person in place had implemented a system in place to track and schedule formal supervision for staff in line with their policy. This was an area that had improved since the last inspection and while gaps were still present for some staff these gaps had been identified and arrangements made to complete supervision for these staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

Substantive improvements were found regarding the operational management, governance and administration of this centre. The interim person in charge, head of service and new person participating in management had completed a lot of work to move this centre towards compliance. While further improvements were required to consistently maintain managerial oversight and to fully implement all aspects of the providers policies and procedures steps had been taken by the provider with regards to achieving these.

An annual review of the service and six monthly unannounced visits had been completed in line with the requirements of the regulations. Action plans had been developed arising from these reviews and there was evidence that these actions were being completed and reviewed although a number of actions had not been completed within the provider identified time lines. Additionally a number of identified actions remain resource dependant, such as changes to the premises and the provision of a full staff team.

Judgment: Substantially compliant

Quality and safety

Overall residents were found to be safe and well cared for over the course of this inspection. Inspectors reviewed a number of key regulations that gave insight into the quality and safety of care provided in the centre. Overall while improvements were found in a number of regulations inspectors found that the areas of safeguarding, risk management, fire safety and medication management in particular required further improvement.

Residents were observed to be supported in going to participate in a number of activities both within and external to the centre over the two days. Some residents had visits from members of their families who were warmly welcomed with systems in place as appropriate to protect both residents and their family members from COVID-19.

Substantive remedial work was required to the premises of this designated centre both in terms of ensuring containment of fire and for decorative and maintenance purposes. These areas are outlined in further detail below and had been identified by the registered providers audits since the last inspection of this centre.

Overall the provider had begun to address the overarching and more serious breaches in quality and safety found on the last inspection and clear action plans were found to be in place. Once these actions are implemented there will be a move towards compliance with the regulations.

Regulation 17: Premises

There had been some changes to the premises of this designated centre. Three units were inspected over the two days. While the provider subsequently removed one of these units from the registration of the centre it was part of the centre at the time of inspection.

Residents and staff stated that they found the furniture and fittings worn and in need of refurbishment and this was also observed by inspectors. Changes had been made in one house to ensure there was no direct access from day services into residents home. It was apparent that maintenance was gradually completing minor repairs and painting but more was required. A maintenance audit and action plan viewed by inspectors was extensive and the provider had already not met some of the dates they had set for completion of some actions.

Parts of the centre were not found to be fit for purpose and required review, renovation and improvement. A utility room come kitchenette in one building was built to a very basic standard was cluttered and not designed to meet residents needs. A resident complained about a bathroom in the same part of the centre whereby water had breached the floor tanking and resulted in damage to the floor and walls. There was also an associated obvious stagnant and malodorous smell which the resident had also complained about to the inspector. This resident

bathroom required repair/renovation. Externally at one of the houses work had been completed to the septic tank and drainage in the garden to allow residents access more of their garden.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management in this centre required further review. A resident assessed as at risk of harm while completing a specific activity (cutting the grass) was observed by inspectors doing so in the absence of all of the main control measures noted in the residents assigned risk management plan being implemented. The resident was observed running out onto a main road with the lawnmower before being stopped by a member of relief staff. The resident should have been supervised and supported on 1:1 basis at all times to prevent harm/injury and should have health and safety equipment in place (safety footwear, goggles and hearing protection). None of these control measures were appropriately applied.

While the provider has put an increased effort into updating risk management frameworks, risk registers and risk assessment/management documentation, if these are not applied in practice, risks will not be managed appropriately in this centre.

Judgment: Not compliant

Regulation 27: Protection against infection

Appropriate systems and a number of good practices were observed throughout the two days of this inspection regarding many aspects of prevention against infection, but further improvements were required. For example some staff were observed wearing face masks inappropriately and only pulling them up correctly on their faces when inspectors arrived on site. In addition, a staff member was observed wearing a cloth face mask on this inspection as opposed to an appropriately approved/issued face mask in line with public health guidance. These practices were observed in a part of the centre whereby all vulnerable residents were not yet vaccinated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The systems in place for fire safety continue to require improvement. While the inspectors acknowledge that the buildings works required for fire containment are resource dependant they remain a high priority for the provider.

Fire drills had begun since the last inspection of the centre however, the night drill undertaken to ensure that evacuation could occur with minimum staffing levels had been unsuccessful as staff and residents did not evacuate and the alarm had been switched off by a volunteer who then returned to bed without following the appropriate safety and evacuation procedures. Additionally the daily and weekly checks on fire safety had not been consistently completed as required, although the person in charge was now reviewing the recording of these records on a regular basis.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that the training, procedures and systems in place for the management of medication required review.

Residents' records of their prescribed medication (kardex) had in some cases not been reviewed and signed against all medicines and in other cases the most up-to-date kardex was not available for staff review.

For one resident an over the counter medication for allergy relief had been in use since March 2021 without evidence that it had been reviewed or agreed with the GP. While it had been suggested by the pharmacist, it's ongoing daily use had not been monitored over the four months it had been used. Inspectors found that another resident had been left without pain relief overnight as staff had not been trained to administer medication and the on-call system had not been utilised.

Judgment: Not compliant

Regulation 8: Protection

Inspectors found that the residents in this centre were safe on the dates of inspection however there remained a number of improvements still required in this area. Families spoken with articulated concerns regarding inconsistent management and staffing which was found to have a direct correlation to safeguarding actions and follow up in some cases reviewed. The provider had made some progress in the area of safeguarding and protection by improving some of their safeguarding systems. In addition, the responsiveness to some safeguarding concerns previously found to be of significant concern by inspectors had been addressed. For example,

inspectors found some follow up on specific allegations and provider redress of financial safeguarding concerns previously identified.

However further improvements were also required in terms of an applied and action based approach to safeguarding. Inspectors found that while the provider had invested in increased resources for the reporting and recording of safeguarding concerns, there was evidence of an absence of appropriate follow up action on the part of the provider in some cases reviewed. For example, a resident had been removed from this centre by their family on safeguarding grounds. On review, this safeguarding matter had been ongoing in many respects since 2019 and while many complexities were involved, an absence in consistent safeguarding management and response by the provider was evident. Inspectors were informed on inspection that a thorough safeguarding review would now take place and the matter would be resolved as a matter of priority.

Further follow up was also required to ensure the provider was implementing their own policies and procedures regarding financial safeguarding. For example in some areas inspected, residents finances while being checked were not always recorded appropriately in terms of balances and staff were not following the organisational policy and process in terms of logging and recording each residents income and expenditure correctly. While this area had improved significantly since the previous inspection, it was found to require further review to ensure full implementation across all parts of the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Camphill Ballymoney OSV-0003633

Inspection ID: MON-0033547

Date of inspection: 05/07/2021 and 06/07/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Camphill Ballymoney continues to recruit to the allocated WTE required to ensure safe and effective care. A robust recruitment system is in place through Ocupop that allows for full review of all candidates, this allows for circulation to all major job vacancy sites. Camphill Ballymoney have continued to have good success in achieving our WTE with another 3 full time WTE onboarding in September 2021.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training and development remain an area of priority, discussion and review within the Community Managers Meetings and individual supervision. All scheduled training has been completed and the training tracker will be reviewed monthly by the PIC.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

We have successfully appointed the full-time Person in Charge within Camphill Ballymoney since 01.08.2021. The PPIM remains working closely with the new person in charge and is on site once weekly reviewing the ensuring the actions outlined in previous and current audits are followed up.

The new Person in Charge alongside the PPIM are ensuring the full implementation of all Camphill Communities of Irelands policies and procedures.

The provider is actively working in partnership with the HSE to address the resource gaps at the centre both on a local and national level.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Bathroom inspected on the day is currently in the process of being retiled. Painting has been completed in Sea Pink House. 3 rooms require completion of painting at present. Extractor fans being installed in bathrooms and kitchen of Sea Pink. Extractor also being installed in Ballymoney House bathrooms. Ballymoney House painting to commence. Completion set for 31.10.21.

Shower doors in Sea Pink have been replaced. New blinds and curtains have been fitted to a resident's room. Decluttering of houses has been completed and a skip hired for removal of clutter. Guttering and Facia on externals of houses has been cleaned and washed.

Access panels for bathrooms to access taps and plumbing has been created and repaired. All pipes in bathrooms are accessible. Work plan continues to be in place for maintenance personnel this plan identifies outstanding works for completion.

The provider is actively working in partnership with the HSE to address the resource gaps at the centre both on a local and national level.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A comprehensive review of all Risk assessments has been completed, any changes or updates have been reviewed and discussed within the house meetings.

Risk assessments are currently a permanent feature within House meetings to ensure the staff carry the knowledge and understanding of managing and reducing risks.

Additional training has been provided to staff which will be repeated in November 2021

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

All staff have been retrained in our Covid SOP's. This has assured the appropriate use of face masks and that the appropriate face mask is used in line with recommendations.

Cleaning schedules are in place for all houses in the community to ensure all rooms are deep cleaned once a week, wash stations are cleaned and monitored on an hourly basis each day. All surfaces, door handles, light switches etc. are wiped down 3 times a day. A weekly visual inspection is carried out by the PIC

A stock of PPE is available in Ballymoney house for the community as required.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following a comprehensive fire review for both premises new fire doors have been commissioned. The fitting of these fire doors will begin on the 27th of September 2021 and two weeks from this date is the estimated period for all fire doors to be fitted.

Regular checks of the fire register remain in place to ensure the consistent completion of the daily and weekly checks on fire safety.

Night time fire drill took place on 30.06.21 and 06.07.21. The following are a list of planned and unannounced fire drills for the remainder of the year. Week of 11.10.21 and week of 13.12.21.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Kardex for all residents have been reviewed on 18.08.21 along with PRN Protocols and have been signed off by GP. Kardex's will be reviewed every six months as per medication policy along with PRN Protocols.</p> <p>A weekly medication audit has commenced, areas for improvement/actions are reviewed at house and community management meetings to ensure staff operate to the standards set out in the of the medication policy and procedures including those pertaining to over-the-counter medication and on-call policy.</p> <p>Medication training is scheduled for new staff 01.11.2021. All other staff are trained in medication administration at present and in date.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>An independent investigation has been commissioned and Terms of reference created regarding the safeguarding concerns raised to CCoI. This is due to commence by the 23rd of September 2021.</p> <p>An applied and action based approach to safeguarding is being rolled out in the community, applied safeguarding training was completed with staff in June 2021, staff are supported to understand and operate to residents safeguarding plans. The supports for each residents inclusive of safeguarding are reviewed monthly by the staff and PIC.</p> <p>Camphill Ballymoney to work with families in assuring our ability to oversee the financial safety and governance of our CMSN's.</p> <p>Additional support in the recording of transactions has been provided to staff and the PIC is providing daily and monthly oversight of resident's transactions. Areas for improvement and/or improvement actions are reviewed at house and community management meetings to ensure staff operate to the standards set out in the of the policy.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/12/2021
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	01/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/10/2021
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant	Orange	01/03/2022

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	01/12/2021
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	01/01/2022
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.	Not Compliant	Orange	01/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	01/09/2021

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	22/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/10/2021
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	01/09/2021
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such	Not Compliant	Orange	01/10/2021

	record is kept in a safe and accessible place in the designated centre.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	01/10/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/10/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	23/07/2021