



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

Issued by the Chief Inspector

Name of designated centre:	Castlevew
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	26 July 2021
Centre ID:	OSV-0002659
Fieldwork ID:	MON-0030401

About the designated centre

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

Castleview is a residential home located in Co. Tipperary. The service has the capacity to provide supports to four adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as large two storey property in a quiet country area. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 26 July 2021	9:40 am to 6:00 pm	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, overall residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. The inspector saw that residents were consulted about their day-to-day lives and that family members were facilitated to maintain good contact with their relatives. Family consultation was provided for in the annual review. Some improvements were required in relation to the management of fire safety in the centre, the upkeep and maintenance in some parts of the centre and staff supervision.

The centre comprised a large two-storey detached house in a rural location with a large garden to the front and rear of the property. There were four residents living in the centre, with no vacancies at the time of this inspection. Residents' bedrooms were nicely personalised and most parts of the centre were seen to be homely and inviting. Two residents with specific mobility needs were accommodated on the ground floor of the centre and two residents had bedrooms located on the first floor. Some improvements were required in some areas of the centre with some painting work required and also some additional storage was required.

On arrival to the centre, the inspector was greeted by staff and introduced to a resident that was up and completing an activity in the dining room. Some residents were in bed or were completing their morning routines. The inspector had an opportunity to speak with another residents prior to their departure for day services. Throughout this inspection, the inspector met or observed all four of the residents living in this centre and the staff members that supported them. On arrival, the inspector noted that two fire doors were wedged open in the centre.

This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated in a variety of ways. Residents' preferences and wishes in regard to how they interacted with the inspector were clearly communicated to the inspector by the staff supporting them. Some residents were happy to speak with the inspector, while others chose not to interact directly and this preference was respected. Two residents spoke with the inspector about what life was like for them living in the centre. Some residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service. The inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. The staff working in the centre spoke about how family communication was maintained and facilitated in the centre.

Staff were respectful in their interactions with residents and a committed team of staff provided supports in this centre. Residents appeared comfortable to move about their own home freely and with the assistance of staff. Some residents required some staff assistance to mobilise. Residents were seen relaxing and taking part in preferred activities such as caring for a doll, tabletop activities and sensory activities. One resident attended another location to take part in their own individualised day service. Staff were observed supporting some residents to go out on planned activities.

The inspector observed residents being offered fresh foods and drinks during the time spent in the centre and being offered choices and encouraged to be independent in choosing their own snacks and refreshments. Residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access and on the day of the inspection residents were seen to spend time outside of the centre. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, some in-house activities were provided.

Overall, this inspection found that there was a good level of compliance with the regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report 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 delivered.

Capacity and capability

There was a clear management structure present and this centre was found to be providing a responsive and good quality service to the residents living there. Management systems in place were ensuring that the service provided was overall safe, consistent, and appropriate to residents' needs. This centre was last inspected in September 2019. Some issues identified during that inspection were seen to have been appropriately addressed as committed to in the compliance plan received from the provider following that inspection. One resident had been identified as requiring an individualised service that would more appropriately meet their assessed needs. There were plans in place for this but these had been postponed due to construction delays of a proposed property during the COVID-19 pandemic. While the compatibility of residents remained a consideration in this centre, this was seen to be well managed and at the time of this inspection, this was not seen to be impacting in a significant manner on the quality of care that was being provided to all residents in the centre. Some improvements were required in relation to the formal supervision of staff in the centre.

This was an unannounced inspection and the person in charge was not present in the centre on the day. The inspector was assisted by the team leader, the staff team and the on-call manager delegated to provide support to this centre during periods of absence of the person in charge.

The person in charge reported to an Integrated services manager, who reported to a director of care. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level.

The management team in this centre were experienced and knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The inspector saw that the person in charge maintained a presence in the centre and had an active role in maintaining oversight and the running of the centre, and staff spoken to reported a supportive environment fostered by the person in charge. Two team leaders deputised for the person in charge in the centre when they were not present with the support of the wider management team. One of these individuals was present on the day of the inspection and this individual was seen to be competent and knowledgeable in their role and possessed the required skills and experience to maintain day-to-day oversight of the centre in the absence of the person in charge.

The centre was seen to be adequately resourced to provide for a good quality service for the individuals living there. Training records viewed on this inspection showed that there were good systems in place to ensure that staff training was up to date and staff had received training in areas such as safeguarding of vulnerable adults, hand hygiene and fire safety. Training needs were being identified by the person in charge in a timely manner.

A dedicated staff team provided supports to the residents of this centre. At night a waking night staff and sleepover staff were available to residents. During the day four residents were supported by five staff members. The staff team present on the day of the inspection were familiar with the residents and this provided the residents with continuity of care and consistency in their daily lives and the skill mix of staff was seen to be sufficient to support the residents that lived in this centre. A sample of staff files viewed showed that staff were receiving formal supervision, although some gaps in documentation indicated that some staff had not received formal supervision in line with the providers policy. However, there was clear evidence of regular contact between the staff team, the person in charge and the wider management team and the staff team themselves reported a good level of supervision and support on an ongoing basis in the centre.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Individual risk assessments relating to COVID-19 were in place and there were appropriate plans in place should a resident need to restrict their movements or be isolated from other

residents in the centre. Audit schedules were in place and audits such as health and safety audits and finance audits were taking place. A monthly services audit was occurring and this showed oversight of and identified actions that were required in a number of areas such as staff training, fire drills and complaints. An annual review and six monthly audit had been completed and actions identified were being addressed. Overall, the timely identification and management of issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The registered provider has ensured that there is a sufficient number of staff on duty in the centre to meet the residents assessed needs. The number, qualifications and skill mix of staff was appropriate and continuity of care was provided. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. Some staff members were overdue formal supervision as per the providers policy. There was good evidence that informal staff supervision was occurring regularly and that staff were supported in their roles by the person in charge. Guidance issued by public health was available to staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had made arrangements to put in place appropriate insurance in respect of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. An annual review and six monthly report had been completed in respect of the centre and local auditing systems were in place to provide for oversight of the day-to-day running of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge maintained a clear register of all incidents and accidents in the centre and incidents that required notification to the Office of The Chief Inspector were submitted as required.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Overall, safe and good quality supports were provided to the four residents that lived in this centre. Some improvements were required in relation to the fire evacuation plans in place at night and some general upkeep and maintenance was required in areas of the centre.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Screening of visitors and staff was taking place to protect residents from the COVID-19 virus. Cleaning records indicated that there was a regular cleaning schedule taking place. The staff members observed and spoken to throughout the day had a good awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). Staff had undertaken training in recent months on infection control measures including training about hand hygiene, breaking the chain of infection, and the appropriate donning and doffing of PPE.

The inspector saw that there was a proactive approach taken to risk management. Where an activity was identified as having certain risks attached, appropriate controls were put in place to mitigate these and residents were provided with opportunities to take part. For example, individual risk assessments were present that put in place suitable controls to allow for safe transport in service vehicles, attending appointments and to allow residents to arrange home visits as appropriate following the lifting of restrictions associated with the COVID-19 pandemic. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, in response to a number of incidents of behaviours of concern that impacted on residents, suitable safeguarding plans and risk assessments were seen to have been put in place to protect all residents and the changes brought about following the implementation of these was seen to have a positive impact, with a near elimination of peer-to-peer incidents noted.

All staff working in the centre had received training in the 'Management of actual and potential aggression' (MAPA) and there were comprehensive behaviour management guidelines developed in conjunction with numerous health and social care professionals in place to guide staff in supporting individuals in a person centred manner that best suited their needs.

As mentioned previously in this report, there were some restrictions present in this centre, including the use of covert medication to ensure that residents health care needs were met and accompanied seclusion on occasion to protect residents from a peer during times of crisis. These were in place to ensure the health and safety of the residents living in the centre and had been identified as appropriate in the

restrictive practice log in place. Restrictions were subject to regular review and there were clear efforts being made to ensure that where a restrictive practice was used, it was only used when required and was in place for the shortest duration possible. The inspector saw that there had been a reduction in the need to employ some of these restrictions due to improvements in how residents were supported to manage their behaviour and the subsequent reduction in incidents.

The inspector viewed documentation showing that regular fire drills were occurring in the centre by day. However, it was seen that a night time simulation drill had not been completed in some time. Evacuation plans were in place for residents but these did not provide detail in relation to the evacuation arrangements at night, when staffing levels were reduced. Also, while there were detection and containment systems in place in the centre, the inspector viewed two fire doors wedged open. This practice would prevent the containment measures from being fully effective not ensure that residents would be protected in the event of an outbreak fire in the centre. This was brought to the attention of the staff in the centre and rectified. However, the presence of this practice indicated to the inspector that staff were not fully aware of their responsibilities in relation to fire safety in the centre.

The residents living in this centre were well provided for and staff and management reported that residents had access to ample funds to meet their needs. Residents in this centre had access to their own bank accounts and were supported to access their money as required. However, the inspector noted that residents were supported by family representatives to collect their social welfare payments and that monies for the use of residents was then lodged into residents bank accounts. The provider had in place a policy "Client SU Finances" that outlined the procedures in place to protect and safeguard residents finances. This document did not however, provide any clear guidance as to the shared management of a residents finances between family representatives and the resident/provider or the safeguards in place to protect residents personal monies and uphold their rights in this situation. This meant that residents were not fully supported to retain control of their finances and manage their own financial affairs, if they desired.

Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. A sample of these were viewed and were seen to be comprehensive. Person centred plans contained identified goals that were set by and with the residents. These goals were seen to be relevant to residents and the documentation around these was being updated regularly. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings and there was evidence that residents were actively involved in the development of their plans.

Residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. There was evidence that the person in charge was maintaining constant contact with appropriate medical professionals, including when medical appointments had been cancelled or curtailed due to the COVID-19 pandemic. Residents were consulted with about their medical

care and there was evidence that a residents wish not to consent to certain healthcare interventions was respected, with corresponding documentation to demonstrate the providers efforts to ensure that the resident understood the implications of their choice. It was seen that the management and staff in the centre were working with a resident to ensure success in the event that future medical intervention was required. Residents had been offered the opportunity to receive the COVID-19 vaccine, if desired.

Regulation 17: Premises

The premises was suitable to meet the needs of the residents living there. The premises was decorated in a manner that suited resident preferences and overall was maintained to a good standard. The utility room required painting and general maintenance and upkeep works completed on fitted units to ensure that they did not present an infection control risk. Some painting was also required in the kitchen and hallway. Personal care products were not appropriately stored to ensure dignity was maintained for all residents at all times and some additional storage was required in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Any incidents that occurred in the centre were reviewed on a regular basis and there was evidence that there was learning from adverse incidents. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by the Health Information and Quality Authority (HIQA). There were some gaps in cleaning checklists. The centre was observed to be clean and staff had received appropriate training.

Judgment: Compliant

Regulation 28: Fire precautions

Fire detection and containment measures in place in this centre included fire doors, fire fighting equipment and an appropriate fire alarm system. There was emergency lighting throughout the centre and fire drills were taking place regularly. However, staff and residents had not recently taken part in a fire drill that simulated a night time scenario and there were no plans in place that addressed the evacuation of residents at night, when staffing was reduced. Staff spoken to were not clear about the plans in place for an evacuation at night time. This documentation was drawn up on the day of the inspection and the provider gave assurances that staff would be informed and consulted about this in a timely fashion. Some fire doors were seen to be wedged open on the day of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. These were available in an accessible format and were regularly reviewed to take into account changing circumstances and new developments. Resident goals were documented and there was evidence that residents were being supported to achieve personal goals.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. Residents were supported to access appropriate health information. Residents had the right to refuse medical treatment and this was appropriately documented and responded to in conjunction with the resident's medical practitioner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Behaviour management guidelines were in place to support staff and these had been reviewed by an appropriate professional. Resources in the centre, such as staffing levels, ensured that residents were provided with adequate supports to promote a reduction or elimination of behaviours of concern. Restrictive practices in place were appropriately identified, documented and reviewed and a clear rationale was provided for any restrictions in place.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from all forms of abuse. Throughout the inspection residents were seen to be comfortable in the presence of staff members. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding plans were in place to protect residents as appropriate and these were seen to be effective and fit for purpose.

Judgment: Compliant

Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents and were strong advocates for residents. There was access to a variety of information in an accessible format and there were arrangements in place for access to external advocacy services if required. Residents were consulted with and participated in the running of the centre. Consent was viewed seriously in this centre and residents were supported to exercise their right to consent to or refuse, for example, health care interventions.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their laundry and had adequate space to store and maintain their clothes and personal property and possessions. Systems and a provider policy in place did not ensure that residents were supported to retain full control over all of their own money and manage their financial affairs in line with best practice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Castleview OSV-0002659

Inspection ID: MON-0030401

Date of inspection: 26/07/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Outstanding formal supervisions will be completed by the 12.09.21. • A new schedule is in place for formal supervisions which now contains the following within the table; a. verification of the date supervision completed, b. if not completed why not and c. new date for completion of the supervision within the timeframe. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Additional storage will be provided within the service in the utility room. • Painting & general maintenance will be provided for the utility room, kitchen and hallway of the premises. • Personal care products will be appropriately stored to ensure dignity is maintained for all residents at all times. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Night time simulation drill completed on the 18.08.21 • Night Time Evacuation Plan was put in place on the 26.07.21. All staff have read and signed the Night Time Evacuation Plan this was completed by the 14.08.21 • All staff within the centre have been contacted through email to remind them of the importance of not wedging fire doors open. • A comprehensive yearly audit, to audit the management of fire safety in the centre is being developed by the service, in line with new HIQA Fire Safety Handbook. Existing control measures within the service will be reviewed as part of this audit. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The PIC is going to liaise with relevant families to discuss Resident's autonomy over their individual finances. <p>A local policy will be developed to outline the situation in the service in terms of the management of each individual Resident's finances</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/09/2021
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	31/12/2021
Regulation 17(7)	The registered	Substantially	Yellow	31/12/2021

	provider shall make provision for the matters set out in Schedule 6.	Compliant		
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2021
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	26/07/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	14/08/2021