Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	01 April 2021
Centre ID:	OSV-0004129
Fieldwork ID:	MON-0032216

About the designated centre

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

This designated centre comprises of four houses, all located between two towns in Co. Dublin. The centre provides full-time residential services to male and female residents with an intellectual disability. The designated centre has a capacity for 13 people in total. Within the centre there are three two-storey semi-detached residential homes and one bungalow. House one consists of three bedrooms, two toilets/shower rooms, a dining room, a sitting room and kitchen with a garden area out the back. House two consists of six bedrooms two of which are en-suite, one bathroom, a dining room, a kitchen and sitting room. House three consists of four bedrooms, one toilet and one bathroom and kitchen/dining area and a sitting room with a garden area out the back and house four consists of five bedrooms, one toilet and two toilet/shower rooms, a kitchen/dining area , a sitting room and a utility room and a garden space out the back of the house. There is accessible transport available on request for all houses. The person in charge shares their working hours between the four houses within the designated centre. There are nurses, social care workers and care assistants employed in this centre to support residents with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 April 2021	10:00hrs to 17:20hrs	Gearoid Harrahill	Lead
Thursday 1 April 2021	10:00hrs to 17:20hrs	Valerie Power	Support

What residents told us and what inspectors observed

From meeting and speaking with residents and their family members, observing the atmosphere and interactions in the houses and reviewing documentation, the inspectors were provided with evidence indicating that overall residents enjoyed a good quality of life in their home, felt safe and supported, and were encouraged and facilitated to pursue their interests, hobbies and personal objectives in their home and in the community. The houses visited by the inspectors had a comfortable and homely atmosphere and residents generally got along with one another and with their support staff.

To reduce movement between the houses in line with public health guidelines, the inspectors selected one house each of the four houses which made up this designated centre to visit in person, meeting eight of the twelve residents. The majority of residents filled in a questionnaire the day before the inspection to express what they liked and disliked about the service, the house, staff, food and activities. The residents had been advised that someone would be visiting their home and welcomed the inspectors to the house, and some residents sat with the inspectors to talk about how they had been keeping busy during the social restrictions. The inspectors also spoke with five families who relayed their experiences of the service and the support for their loved ones.

Residents told the inspectors that they enjoyed living in their house, but were frustrated due to the limitations on seeing friends and family, being able to go to their jobs, or going out for coffee or lunch, and were looking forward to restrictions easing to allow them to return to these aspects of their daily lives. However, residents said they were keeping busy in light of the restrictions, and were supported by staff to pursue hobbies and interests which were not affected by the pandemic. This including gardening, reading, shopping for clothes and shoes online, going for walks, working on artwork and jigsaws, and listening to music.

Inspectors met with two residents who were members of the registered provider's advocacy group, and represented their peers at group meetings. Regular advocacy group meetings were taking place via online videoconferencing since the onset of public health restrictions, and one resident told the inspectors that they attended meetings using their electronic tablet device. One resident had recently presented a session on human rights of people with disabilities. This resident also showed the inspector their work in highlighting deficits in the ability of wheelchair users to traverse the local area, and their work had successfully secured county council funding for accessibility enhancement works to paths and obstacles. The resident had won an award for their work and had a piece written up in the newspaper, which was framed on display in the house.

The inspector observed residents getting together in the sitting room to play video games, and it was apparent that the friendly competition was enjoyed by all and promoted an atmosphere of fun in the house. Another resident was cooking in the

kitchen and told the inspector that they enjoyed cooking meals for those in the house. The planned menu for the week was on display on a whiteboard in the kitchen, and staff told the inspector that residents met at the weekend to agree the menu for the week ahead. One resident preferred to have a sitting room to themselves to watch their favourite TV shows when they were on, and staff supported them by making sure the room was ready and the channel changed in time. A resident had recently celebrated their birthday, and the dining area still had decorations from their party in which birthday cake was enjoyed by the staff and residents.

Residents appeared comfortable in the presence of staff and spoke freely in their presence. When one resident spoke about an issue which sometimes caused disagreement between some residents, staff listened attentively and prompted the resident to recall how the issue could be resolved if it arose again. This demonstrated a proactive approach to safeguarding, with residents supported to develop skills to manage potential disagreements with their peers, and indicated that respect for others was promoted in the home. A number of residents commented that they had made complaints in the service and were satisfied with how staff and management resolved the matter. Notice boards in prominent locations displayed useful information for residents about their home in accessible formats; for example, information relating to the management of the centre, fire procedures, complaints and advocacy arrangements.

Inspectors observed friendly, kind and supportive interactions between staff and residents, and staff exhibited a good knowledge of residents' support needs, personalities and preferences. Residents and their families spoke highly of the house staff and the support they provide. Staff supported residents to remain in regular contact with families, and families commented that they were kept informed of how things were in the house. Both residents and their families commented on the importance of staff consistency, and commented on upset and incidents which had occurred as a result of being supported by staff who were not as familiar with their needs and preferences.

Overall the houses were comfortable and homely, with nicely furnished communal areas and personalised bedrooms based on residents' wishes. Adequate toilet and bathroom facilities were available and there was sufficient equipment and adaptations available for resident mobility. In the two houses visited, some minor maintenance items were required, including walls and doors in need of paintwork and some areas of repair required to bathrooms and door frames. Staff and residents in one house also commented on a tall lip at the front door which made it difficult for residents using mobility equipment to get over. Staff, residents and family members also noted that the kitchen in one house was quite limited in space to comfortably accommodate the residents, the staff and the required equipment. One resident required appropriate storage space for their belongings and books to avoid needing to stack them on the floor, under the bed and in other rooms.

The next two sections of this 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 safety and quality of the service being

provided.

Capacity and capability

Overall, the inspectors found that residents were being supported in the service and their feedback and experiences were being incorporated into the operation of the designated centre. Some gaps were found when reviewing evidence relating to operational structures and systems. However the inspectors found evidence indicating how the service provider had continued to monitor and audit the operation of the designated centre and identify areas for development with regard to the assessed needs of residents and the ongoing health emergency.

Residents were supported during the day and night by social care staff and, where required, nursing personnel. Staff displayed a good knowledge of the residents, their personalities and support needs. While there were vacancies in staff contracted to work in this designated centre, the provider supplemented this using relief workers, agency staff and personnel deployed from other services which were temporarily inactive due to the pandemic. The service provider conducted a support needs assessment, most recently in March 2021, to determine the staffing resources required to meet residents' assessed needs in each of the four houses at different times of the day and night. This included specifying where consistent staffing was especially important for the wellbeing of residents.

Inspectors reviewed sample of staffing rosters for the four houses. This review indicated a number of days on which shifts were not fulfilled, and some days on which the allocated staffing levels did not reflect the resources determined in the needs assessment. In instances where shifts were filled with agency or relief personnel, the names of those working was not consistently recorded.

Records for a sample of personnel were reviewed by the inspectors and these records included all information required under Schedule 2 of the regulations, including evidence of references, qualifications and vetting by An Garda Síochána. These records indicated that there were some gaps in staff supervision happening in accordance with the provider's policy, including staff members who had no record of undergoing annual performance appraisal. For the file which did include this information, the topics covered the ability of staff to effectively support the residents and the additional training required or requested to enhance their performance to the best of their ability. Staff had been supported to receive their ongoing training in areas including fire safety, safeguarding of vulnerable adults and safe mobility and handling, and where staff were due to attend refresher sessions, these were scheduled. There were however some gaps in training for skills which were determined as required to effectively support residents with their assessed needs in this designated centre, for example in supporting people with autism, epilepsy or acquired brain injury.

The provider had completed their 2020 annual report for the designated centre as

well as their six-monthly unannounced inspections of the houses. The records of these reviews were detailed and centred on the support and wellbeing of the residents, and incorporated feedback and suggestions from the residents and their support staff. The reviews acknowledged the difficulties with residents being able to pursue their personal, social, recreational and employment activities and objectives as per their wishes, and focused on initiatives which could be progressed as an alternative or done remotely to keep people occupied and engaged with interesting projects and schemes. These included mindfulness and exercise groups, remote social sessions and clubs, and ensuring that residents continued to enjoy their learning and religious engagements in an altered fashion. The reviews confirmed that resident personal support plans were amended to ensure they continued to avail of the required support in light of the social restrictions.

These provider level reviews also identified areas in need of improvement and development. Many of the matters identified by the inspectors were also identified by the provider, including enhancement of staffing resources, training and supervision structures, and maintenance work required in the houses as soon as it was safe to do so. Actions for 2021 with responsible persons and time frames were set out, with some actions having been completed or in progress at the time of the inspection.

Regulation 15: Staffing

A review of staffing records and rosters indicated that some shifts had not consistently been fulfilled in accordance with the number and skill mix determined by the assessment of need.

Names of staff working in the designated centre were not consistently recorded on duty rosters.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had not received training in specialised skills determined as required to effectively meet the assessed needs of residents.

Of a sample of personnel reviewed, staff supervision and performance appraisal was not always happening in line with policy and procedure.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had valid insurance against personal injury and property in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained a high level of oversight of the operation of the designated centre. The provider had conducted their annual and six-monthly audits and composed a time-bound action plan based on their findings. Many of the areas for improvement identified during this inspection had already been recognised by the provider with plans to address same.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall the provider had notified the chief inspector of adverse incidents occurring in the designated centre, but had not reported some aspects of environmental restrictive practice in quarterly declarations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a system in place for recording complaints and returning an outcome to the complainant in an appropriate time frame. Residents commented

that they had made complaints and were satisfied with their resolution.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place however these were overdue for review by two to three years.

Judgment: Not compliant

Quality and safety

The inspectors found that the residents' wellbeing and welfare was supported and that amendments had been made to their care, support and personal objectives in the home and in the community in light of the routine changes caused the COVID-19 pandemic. The inspectors found evidence that the decisions, objectives and support planning in the designated centre was conducted with consultation from the residents and that they were facilitated to access and provide input to plans made related to them, in accordance with their capacity and interest to participate. The houses overall were safe, comfortable and suitably laid out for the use of the residents, including in the event of an outbreak, though some areas were in need of improvement based on the findings of the inspectors and the feedback of the residents, staff and families.

The inspectors reviewed a sample of personal plans for residents living in each of the houses and found these plans to be detailed, easy to read, and highly personalised to each resident. All content in the personal plans was relevant to their assessed needs and personal goals, and the plans were kept under review on an ongoing basis, with input from the residents and relevant health and social care professionals. Residents had concise and evidenced-based assessment and planning on supports including mobility and falls risk, effective communication techniques, nutrition, hygiene and continence care, skin care, pain management, and how to effectively safeguard the resident and others during episodes of low mood or frustration.

The service made good use of social stories and accessible versions of care and support plans so that the resident could access and understand them and could contribute meaningfully to their review and effectiveness in accordance with their communication needs. Residents had concise plans related to "things you must know about me", "things that are important to me" and "things I like and dislike", for use by staff who may not be familiar with the resident. Examples of social stories

included helping residents understand and respect behaviours exhibited by their housemates, the necessity for certain environmental safety restrictions, changes in key staff members, and an explanation of what to expect when getting the COVID-19 vaccine. The residents also had access to easy-read versions of documents of importance to their residency, including their contract with the service provider, the procedure for raising complaints and accessing advocacy services.

The premises of the houses visited by inspectors were overall homely, appropriately designed and had been furnished and personalised in accordance with resident preferences. Some areas of maintenance were required as they impacted on the homely aesthetic of the house, including walls, floors, door frames and bathroom items in need of repair or painting. In one house, residents and staff identified a tall lip on the front door as a longstanding item in need of addressing to ensure residents who used wheelchairs or walking aids could come and go safely; this was also noted as a source of potential delay when practice fire evacuations took place. Residents, staff members and families also commented that the kitchen of one house was limited in space to comfortably accommodate all residents and staff along with required equipment, and noted the potential of this becoming more of a challenge if mobility support needs increased for a group of people who enjoy eating and socialising together. The inspector also noted that the size of the kitchen had necessitated some kitchen cabinets to be built in the hallway. Finally, for one resident, it was identified that the limited storage space in their bedroom meant that there was insufficient space for their belongings, requiring items to be kept on the floor or under the bed. The provider advised inspectors that there were plans to address some of these items when infection control restrictions ease to allow maintenance personnel to enter the houses.

The provider utilised a number of low-impact environmental restrictive practices as safety measures to control identified risks for each resident. All restrictive practices were kept under review to ensure that their rationale is clearly outlined and informed by evidence, that they are balanced against the safety and dignity of the resident, that the resident is supported to understand their necessity and consent to their use, and where they are no longer required, discontinued or amended to a less restrictive alternative.

The premises were clean and suitably equipped with sanitising and personal protective equipment. Staff were observed following good practice around hand hygiene and were wearing face coverings. Daily and weekly checklists were in effect, as well as logs of staff and visitors' temperatures recorded before entering the house. The provider had composed a contingency plan for the effective prevention and management of any potential or actual cases of COVID-19 for residents and staff members.

Practice evacuations had taken place in the designated centre which included residents and staff members, and these including simulation of times in which people would be asleep. The inspectors reviewed the last three simulations and found that the house achieved low evacuation times, and where there had been a longer time than usual, there was a clear account of what had caused the delay, for learning and future reference. The house was equipped with suitable equipment for

detecting and extinguishing fire, and lighting and signage directing a safe evacuation, however high risk areas such as the kitchen and laundry room were not equipped with mechanisms to automatically close the fire containment doors in all houses.

Regulation 10: Communication

The provider supported and facilitated the residents with their communication needs using pictorial information, plain language documentation and audio-visual equipment.

Judgment: Compliant

Regulation 12: Personal possessions

Of the houses visited by inspectors, one resident bedroom did not have adequate storage space for their personal property.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported, facilitated and encouraged to engage in interesting and meaningful social, recreational, employment, advocacy and life enhancement opportunities.

Judgment: Compliant

Regulation 17: Premises

Some work was identified by residents, staff and family members as required to enhance space and accessibility in the designated centre. Some cosmetic maintenance work was also required in the houses.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider maintained a risk register specific to the designated centre and its residents. A detailed log of accidents and incidents was recorded with actions identified to reduce risk of reccurence.

Judgment: Compliant

Regulation 27: Protection against infection

The houses were clean and equipped with sanitising and personal protective equipment. The provider had precautionary measures to keep residents and staff safe during the ongoing health emergency.

Judgment: Compliant

Regulation 28: Fire precautions

The house visited were equipped with suitable equipment for detecting and extinguishing fire, and facilitating a safe evacuation, however high risk areas such as the kitchen and laundry room were not equipped with mechanisms to automatically close the fire containment doors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Care and support plans were detailed, person-centred and kept under review with input from the residents and the relevant health professionals. Residents were provided with means of accessing and discussing their support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

For restrictive practices in use in this designated centre, the methods had clear

rationale, were kept under review, and assessed to determine that they were the least restrictive option to address the identified risk.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to feel safe and protected in their home and in the community. Staff were appropriately trained to protect and reassure residents, and to report and respond to potential or actual instances of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage) OSV-0004129

Inspection ID: MON-0032216

Date of inspection: 01/04/2021

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: The person in charge (PIC) will review the Supports Needs Assessment which informs the staffing to service user ratio in houses to ensure that the needs and outcomes of the individuals are met. Where the review indicates a necessary increase in staffing resource, this will be submitted to the Director of Operations & Service Development for approval. The names of all staff including agency staff will be recorded on the actual roster.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will complete a training needs analysis with staff to ensure they have the required competencies and skills to appropriately support their individuals. This will also be completed with the core support staff in conjunction with the support team manager. In conjunction with the training officer, all necessary training will be sourced and staff will be scheduled to attend. The PIC has a schedule arranged for all staff supervision meetings at intervals in line with policy guidelines.	

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge will ensure all incidents of restrictive practice will be notified to HIQA as required within the quarterly notifications.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Cheeverstown House Policy Committee has commissioned a number of subgroups to review the policies that are out of date. When the reviews are completed we will ensure that the relevant policies are reviewed at intervals of not less than three years in line with best practice	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Staff and support team will work with the person to ensure a storage solution of the person's preference is implemented.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All locations will receive environmental audits, to identify works needed. All upgrade works will be scheduled with the support of the Facilities & Housekeeping manager. The PIC with the occupational therapist will conduct an assessment to review possible solutions to ensure the environment maximizes opportunities for accessibility,	

socialization and independence of each resident. Recommendations arising from the review will be sent to the Property Management Committee for considerations and next step actions. If relocation is advised to ensure accessibility and maximize independence of residents, the Nominated Provider will engage with the HSE on funding requirements	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The access issue with the threshold at the front door of the property has been resolved with the addition of a door sill. The fire containment doors within the location have been fitted with self-closing mechanisms.	

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(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	04/06/2021
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 statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the	Substantially Compliant	Yellow	31/05/2021

	day and night and that it is properly maintained.			
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	31/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2021
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(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	Substantially Compliant	Yellow	31/12/2021

	premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where	Not Compliant	Orange	06/08/2021

	necessary, review and update them in accordance with best practice.			