



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0037866

## About the designated centre

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

Ferbane Nursing Home is a 65 bedded facility set in mature grounds in an urban area. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and seven twin rooms some of which are en suite. Residents' communal accommodation included a day room and dining area on each floor as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 September 2022	11:00hrs to 17:00hrs	Sean Ryan	Lead
Wednesday 14 September 2022	11:00hrs to 17:00hrs	Catherine Sweeney	Support

## What residents told us and what inspectors observed

Residents living in Ferbane Care Centre told inspectors that they received a satisfactory quality of care from a team of staff who knew their individual likes and preferences. Residents told the inspectors that they felt they were provided with opportunities to engage in meaningful activities on a daily basis and that staff were responsive to their needs.

Inspectors were met by administrative staff on arrival at the centre. Following an introductory meeting with the person in charge, inspectors walked through the centre and spent time talking to residents and staff.

The atmosphere in the centre was welcoming, calm and relaxed. Residents were observed enjoying each others' company in communal day rooms and a small group of residents were sitting outside engaged in conversation with one another and enjoying the mild weather. While staff were observed to be busy responding to resident's requests for assistance, staff were observed providing care to residents in a kind and attentive manner. Residents were observed to be appropriately supervised by staff in the communal day rooms on the ground and first floor. However, staff were not present to supervise residents in their bedrooms on the lower ground floor. A resident was overheard calling out for assistance from staff until they were assisted to locate their call bell. Following the call bell being activated, staff were observed to attend to the residents needs promptly. However, further observations of the lower ground floor during the inspection found that staff were not stationed in this area of the centre regularly.

Residents were observed attending a religious service in the centres chapel. Residents expressed their satisfaction with having a chapel in the centre to facilitate religious services.

Residents told inspectors that there were improvements in the quality of the service in recent months and this was most evident at night time where the time taken for staff to respond to call bells had improved. Residents attributed this to an increase in staffing at night time indicating that staff were more visible and responsive. Residents described how staff checked on them frequently during the day and night to ensure they had everything they needed and that they were safe.

Inspectors observed that the phased refurbishments works had continued in the centre. The provider had recently upgraded the kitchen floors, located on the lower ground floor, that were observed to be completed to a satisfactory standard. The refurbishment works in the kitchen resulted in some residents being relocated from the lower ground floor to the first floor of the premises. Redecoration and painting of bedrooms and corridors had continued and residents complimented the fresh appearance of rooms. However, there were aspects of the premises that were in a poor state of repair. This included areas along corridors where floorboards had been removed due to damage. Equipment used by residents, such as wheelchairs and

hoists, were inappropriately stored on corridors by passenger lifts which narrowed the space for residents to safely mobilise. This created a falls risk to residents mobilising on the corridor.

Inspectors observed that residents in the communal dayrooms were engaged in meaningful and enjoyable activities provided by staff. Residents reported that they were satisfied with the activities schedule. Some residents chose to remain in their bedroom rather than attend group activities. Staff were observed to visit those residents in their bedroom to ensure they were comfortable and content.

Residents told inspectors that they felt comfortable bringing any concerns that they may have to a member of the management team and were confident that their concerns would be addressed promptly.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). On this inspection, inspectors reviewed the action taken by the provider to address the substantial-compliant issues found on inspection in May 2022 and followed up on notifications received by the office of the Chief Inspector. During the course of this inspection, inspectors identified information contained within resident's records that was indicative of a potential safeguarding concern. Consequently, inspectors focused this inspection on the providers' governance, oversight and the management systems in place to safeguard and protect residents living in Ferbane Care Centre.

The findings of this inspection were that the provider failed to ensure that there were effective management systems to protect residents from the risk of abuse. Inspectors found poor oversight of the implementation of the centre's policies that included safeguarding policies and supporting procedures. Non-compliance was identified under the following regulations;

- Regulation 4, Written policies and procedures,
- Regulation 8, Protection,
- Regulation 9, Residents' rights,
- Regulation 16, Training and staff development,
- Regulation 21, Records,
- Regulation 23, Governance and management,
- Regulation 25, Temporary absence or discharge of a resident, and,

- Regulation 31, Notification of incidents.

Maracrest Limited is the registered provider of Ferbane Care Centre. The directors of the company are involved in the operation of a number of other designated centres for older persons throughout the country. The provider had an established and clear governance structure in place to manage the centre. The senior management team consisted of a representative of the company directors and a quality manager, both of whom provided governance oversight and support to the person in charge. Within the centre, the nursing management team consisted of the person in charge, supported by an assistant director of nursing and clinical nurse managers.

The management systems failed to ensure that the service provided was safe, consistent and effectively monitored. The system in place to manage risk was not effective. The centre's risk management policy detailed the interventions that should be in place for the oversight and monitoring of risk in the centre. As part of the risk management policy, a risk register to record all potential risks to residents' safety and welfare was required to be maintained. Identified risks were not reviewed in line with the changing identifiable risks in the centre. In addition, there was inadequate documentation of adverse incidents. This meant that incidents could not be investigated or analysed, and no quality improvement action could be implemented to ensure that risks would be reduced.

The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspectors. The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff. However, the registered provider had failed to ensure that some policies and procedures were implemented.

A review of an incident found on inspection found that the incident was not documented in line with professional guidelines, regulatory requirements or the centre's own policy. The action taken by the management and staff following the incident was not in line with the HSE (2014) National policy for Safeguarding vulnerable persons at risk of abuse. As a result, the provider could not provide assurance that the residents concerned were safe or that the safeguarding systems in place ensured the safety of all the residents in the centre.

Inspectors reviewed the system of record management in the centre. Records were maintained through an electronic and paper based system. Inspectors found that the systems and oversight of records was poor. Records were not maintained as required by Schedule 3 and 4 of the regulations. This included records with regard to incidents involving residents, of nursing care provided to a resident, and of the discharge of residents from the designated centre.

Staff had access to education and training appropriate to their role and a training schedule was in place. There were, however, gaps in staff attendance in mandatory training sessions such as safeguarding of vulnerable adults and some staff demonstrated a poor awareness of the systems in place to safeguard residents. In addition, there was no system in place to evaluate the quality of the training provided and to ensure that up to date training was implemented. Inspectors found

that the arrangements in place to supervise and support staff to implement the centres policies and procedures and maintain records was not effective.

### Regulation 16: Training and staff development

Staff were not appropriately trained to deliver effective and safe care to residents. This was evidenced by;

- Staff did not demonstrate an appropriate awareness of their training in relation to the detection, prevention and responses to abuse.

Staff were not appropriately supervised. This was evidenced by;

- failure to appropriately document an incident, in line with the centre's incident reporting system.
- failure to maintain accurate nursing care records.
- failure to implement the policies and procedures in place to support and protect residents.
- failure to carry out an appropriate risk assessment to underpin the decision to relocate residents in the centre as a result of building and refurbishment works.

Judgment: Not compliant

### Regulation 19: Directory of residents

The directory of residents did not contain all the information, as required by Schedule 3 of the regulations. For example, records were not maintained in respect of a resident who transferred to another designated centre.

Judgment: Substantially compliant

### Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- The nursing records for residents' health and treatment given were not completed in accordance with the requirements of Schedule 3. For example, a record had not been documented for a resident following an incident in the centre. This meant that inspectors could not be assured that appropriate

assessment, treatment and care was delivered to a resident.

- A record of an incident and investigation of an incident in which a resident may have suffered harm was not available for review.

Judgment: Not compliant

### Regulation 23: Governance and management

Inspectors found that the provider failed to ensure that the management systems in place ensured the safety of residents in the centre. This was evidenced by;

- failure to implement policies and procedures designed to protect residents.
- failure to implement the centre's risk management policy to appropriately document and investigate a potential safeguarding incident.
- failure to review potential risks to residents following an decision to relocate residents.
- failure to identify risks associated with the management of residents care needs and to enact a safe and planned discharge.
- ensure that clinical documentation was in line with professional guidelines and regulatory requirements.
- failure to safeguard and protect residents finances.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The provider failed to notify the Chief Inspector of an incident of suspected abuse of a resident.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

The registered provider had failed to adopt and implement policies and procedures designed to protect residents. This included the policies in relation to;

- Safeguarding of vulnerable adults,
- Risk management, and,
- Records.

Judgment: Not compliant

## Quality and safety

The inspectors found that the interactions between residents and staff was kind and respectful throughout the inspection. On the day of inspection, the resident's care needs were observed to be attended to appropriately and residents were observed to be content and felt safe in their environment. Nonetheless, the quality and safety of care provided to residents was impacted by inadequate oversight and implementation of the management systems and policies in place to protect residents. Significant improvement was required in relation to the protection of residents, the discharge of residents from the centre, and upholding the rights of the residents.

The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Inspectors found that appropriate action had not been taken to investigate an incident or allegation of abuse. Inspectors found that action was required to ensure residents finances were managed and protected. While the provider supported some residents to manage their pension and welfare payments, the management system was not in line with the guidelines from the Department of Social Protection. Inspectors found that charges for additional services were not in line with the residents contract's of care.

While the centre had a comprehensive risk management policy that met the requirements of the regulations, inspectors were not assured that the provider implemented the risk management policy to proactively managed risks or put adequate measures in place to protect residents from the risk of harm. This is actioned under Regulation 23, Governance and management.

Inspectors were not assured that discharges from the centre were carried out in a manner that was safe or planned. The records reviewed found no evidence that the discharge process was carried out in consultation with the resident, or their representative.

Inspectors found that the rights of residents were not upheld by the failure in the governance and management of risk and incident reporting in the centre. This was further evidenced by the failure of the provider to ensure access to independent support and advocacy services for residents.

## Regulation 25: Temporary absence or discharge of residents

The person in charge did not ensure that a resident was discharged from the designated centre in a planned and safe manner.

The registered provider did not ensure that the discharge of a residents was discussed, planned for and agreed with a resident and, where appropriate, their representative.

Judgment: Not compliant

### Regulation 8: Protection

The registered provider failed to take reasonable measures to protect residents from abuse and to provide for appropriate and effective safeguards to prevent abuse. This was evidenced by the;

- failure to recognise and respond appropriately to an allegation of abuse.
- failure to investigate an allegation of abuse.

Action was required to ensure residents finances were managed through a system that protected residents and their finances. For example;

- An additional charge was applied by the provider for additional services received by the residents. For example, chiropody services were invoiced to the provider at €25 per treatment but the residents was invoiced €30 by the provider. This system also applied to hairdresser services. Residents, and their representatives, were not made aware of this increased service charge.

Judgment: Not compliant

### Regulation 9: Residents' rights

The provider failed to ensure that all residents had appropriate and timely access to independent advocacy services.

The provider failed to ensure that residents, or their representatives, were supported to make an informed decision and exercise their choice with regard to their care and support needs following an incident in 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0037866

Date of inspection: 14/09/2022

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. Immediate refresher safeguarding training completed by Nursing and Management staff on 21/09/2022.</li> <li>27 staff have completed safeguarding training by an external trainer and all staff will have completed mandatory safeguarding training by the 28/10/2022. Dates scheduled and confirmed. This will appear on the weekly roster. All Staff aware that this is mandatory training.</li> <li>2. Discussion at each handover on the importance of reporting any concerns, being aware of safeguarding issues and any identified risk factors. i.e. history of inappropriate behaviours and changes to the living environment.</li> <li>3. Supervision has been enhanced in the centre, by support from Clinical Director and Director of Q&amp;S</li> <li>4. Informal training and support for RGNs to ensure that incident reporting is appropriate, timely, and robust. Incident reporting is on an electronic system.</li> <li>5. Nursing Care records including all incidents are recorded on an electronic system. All staff have been inducted on the use of same. CNMs to support Nursing staff with record keeping and this is monitored by the PIC and her deputy while carrying out the weekly KPI’s</li> <li>6. All Staff were mandated to read the policies and procedures in relation to safeguarding and to sign that they understand same.</li> <li>7. Risk management module completed by PIC. Further risk management training has been sought for the nursing management team to further support the PIC to be</li> </ol>	

completed by 30/11/2022.

8. The PIC is to attend Designated Officer training as a refresher. PIC awaiting confirmation of training dates.

9. In the event of further works required for Ferbane Care Centre, the placement of residents will be discussed as part of a team which will include the PIC, Clinical Director, the Registered Provider, The Director of Q&S and a Resident Representative.

10. As part of the monthly KPI's the PIC and the Director of Q&S will review the training matrix to ensure all mandatory training is completed

Regulation 19: Directory of residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:

1. The Directory of residents has been updated to contain all the information as required by Schedule 3
2. Administration staff will take sole responsibility of updating the Directory of residents and this will be monitored weekly by Nursing management

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

1. Nursing Care records including all incidents are recorded on an electronic system. All staff have been inducted on the use of same. CNMs to support Nursing staff with record keeping and this is monitored by the PIC and her deputy while carrying out the weekly KPI's
2. Following the inspection, the record following an incident in the centre was completed on an electronic system. The Provider progressed this by informing all statutory agencies and stakeholders as appropriate. Going forward the appropriate documentation and forms will be submitted as necessary and in keeping with the safeguarding policy.
3. The PIC will ensure, in the event of any resident incident, appropriate medical and nursing care is provided to the resident and a record of same is documented.
4. Any resident that required referral for review by a medical practitioner has been facilitated and records maintained with regards the assessment.

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The Provider increased the governance and management in the centre, with staff who had experience in the management and training of safeguarding issues</li> <li>2. The PIC has completed a risk management module and familiarised themselves with the risk management policy in Ferbane Care Centre.</li> <li>3. The Risk Register in Ferbane Care Centre will be reviewed by the PIC and their deputy and further identified risks documented. Resources, such as PIC from other Centres within the group on site to develop a more robust risk register.</li> <li>4. The current Admission and Discharge policy is being adhered to by the Nursing Management staff.</li> <li>5. A system in place to review residents care via monitoring reports and incidents and reviewing CCTV footage</li> <li>6. The pensions of the residents, for whom the Provider is acting as pension agent, will be lodged directly into a resident's client account. The charges for the service will be deducted after the balance is paid into this account.</li> <li>6. The pensions of the residents, for whom the Provider is acting as pension agent, will be lodged directly into a resident's client account. The charges for the service will be deducted after the balance is paid into this account.</li> <li>6. As discussed with the Designated Safeguarding Officer in the Department of Social Welfare, and in line with social welfare regulations, the pensions of the residents, for whom the Provider is acting as pension agent, will be lodged directly into a resident's client account. The charges for the service will be deducted after the balance is paid into this account.</li> </ol>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> <li>1. The Provider has submitted a notification to the Chief Inspector of an incident of suspected abuse of a resident.</li> <li>2. There is a weekly review of incidents/notifications by the senior management team with oversight by the Registered Provider</li> </ol>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> <li>1. The safeguarding policy, the risk management policy and the records policy have been adopted and implemented in Ferbane Care Centre</li> </ol>	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The Person in Charge is familiar with the Admission and Discharge policy for Ferbane Care Centre and will ensure that when a resident is discharged from the centre it will be in a planned and safe manner.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The registered provider has put the following measures in place to ensure effective and appropriate response to allegations of abuse and in the prevention of abuse</p>	

1. Safeguarding policy implemented and all staff familiar with same
2. External Safeguarding training provided
3. Training matrix monitored weekly going forward.
4. Risk register updated to identify risks to safeguarding of residents and controls in place including safety checks and appropriately documented. This is reviewed regularly by PIC
5. Independent advocate and the local Safeguarding team services accessed
6. Safeguarding care plans in place for all residents identified as at risk
7. Daily safety pause will be implemented by Nursing management team
8. Weekly input from The Clinical Director and Director of Q&S to discuss any safety concerns
9. Staff meetings scheduled to communicate all safeguarding procedures and controls in place
10. Additional individual costs of services to residents charged as per invoice.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The Independent Advocate has been invited to attend Ferbane Care Centre to informally introduce themselves to all residents, if they may need their services for any matter.
2. All referrals are submitted in a timely manner in keeping with Centre's policies.
3. The Provider will ensure that residents will have access to an Independent Advocate in the centre as requested by the resident
4. As per policy resident's next of kin are involved with their care and support needs as appropriate
5. This is supported by the Named Nurse system, whereby each resident has a named nurse to oversee their care planning and assessments. The resident's care plans are reviewed three monthly by the named nurse, the resident and the next of kin if applicable and more frequently if required.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/11/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(3)	The person in charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner.	Not Compliant	Orange	10/10/2022
Regulation 25(4)	A discharge shall be discussed, planned for and agreed with a resident and, where appropriate, with their family or carer, and in accordance with the terms and conditions of the contract agreed in accordance with Regulation 24.	Not Compliant	Orange	10/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	10/10/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies	Not Compliant	Orange	10/10/2022

	and procedures on the matters set out in Schedule 5.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	19/09/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	10/10/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	10/10/2022
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Orange	19/09/2022